

**AGREEMENT AND CONSENT FOR THE DISPOSAL OF
CLIENT DEPOSITOR HUMAN REPRODUCTIVE MATERIAL**

Requests made to CAN-AM Cryoservices Corp. ("CAN-AM Cryoservices") for the disposal (destruction) of sperm or eggs (Human Reproductive Material, or HRM) must adhere to the following conditions:

- i. Requests must be submitted to CAN-AM Cryoservices in writing and be signed and authorized by recognized Donors as defined by the Assisted Human Reproduction (AHR) Act (2004), the AHR Section 8 Regulations (2007) and any other applicable Regulations under the AHR Act;
- ii. Requests apply only to HRM which are under the control of CAN-AM Cryoservices and are located on its business premises; and,
- iii. Disposal will conform to Client Depositor(s)'s written Consent for the Use of HRM or Embryos; this may include destruction of the HRM in the process of improving assisted reproductive procedures or providing instruction in assisted reproductive procedures. If you wish to allow use of your HRM in the pursuit of scientific research, you may request additional information.

CLIENT DEPOSITOR(S) INFORMATION

Client Depositor Name (LAST, First, Initial) _____ Date of Birth _____ / _____ / _____
YYYY MM DD

Street No & Name _____ City _____ Prov. _____ Postal Code _____

Telephone: Home: (_____) _____ Work: (_____) _____

Please provide one (1) piece of Photo Identification to CAN-AM staff to verify your identity. You may provide this in person, or submit a copy by fax, mail or email at the contact information provided.

CAN-AM initials	ID	Document Number	CAN-AM initials	ID	Document Number
	Driver's License	_____		OHIP	_____
	Canadian Passport	_____		Other	_____

Which of the following Deposits currently in Storage at CAN-AM Cryoservices are for disposal?
(check all that apply)

	Number of containers	Container Identification (Account or specimen numbers, date, etc.)
<input type="checkbox"/> Sperm	_____	_____
<input type="checkbox"/> Egg(s)	_____	_____

**AGREEMENT AND CONSENT FOR THE DISPOSAL OF
CLIENT DEPOSITOR HUMAN REPRODUCTIVE MATERIAL (HRM)**

I, _____ (*Client Depositor*), authorize CAN-AM Cryoservices to perform the destruction and disposal of the contents of all containers of my HRM as I have indicated, located on the premises of CAN-AM Cryoservices, in accordance with the Assisted Human Reproduction (AHR) Act (2004), the AHR Section 8 Regulations (2007) and all applicable Regulations under the AHR Act.

Furthermore, I acknowledge and agree to all of the following conditions:

1. I confirm that my HRM has not been designated for third-party use.
2. The method(s) and schedule of HRM destruction will conform to CAN-AM Cryoservices' Standard Operating Procedures and, if applicable, my completed Consent for Use of Human Reproductive Material provided to CAN-AM Cryoservices. I understand that HRM consigned to destruction cannot be used to create an embryo for the purposes of creating a human being.
3. I am responsible for any outstanding fees or charges related to the Storage and Use of my HRM up to the date of the signing of this Consent, and any fees or charges related to the destruction of my HRM.
4. I agree to indemnify, hold harmless, and provide defense from any claim, demand, cause or action for damages or otherwise asserted against CAN-AM Cryoservices arising out of the destruction of my HRM. The provisions of this paragraph shall extend to and include CAN-AM Cryoservices and its officers, directors, agents and independent contractors. I agree that this agreement shall be construed in accordance with the laws of Ontario and the laws of Canada applicable therein.
5. I give my informed consent to the destruction of my HRM willingly.



Client Depositor Name (LAST, First, Initial)

Signature of Client Depositor

Witness (Name)

Witness (Signature)

DATE: _____ / _____ / _____
 YYYY MM DD

Optional: (Client Depositor less than 18 years of age)

Name of Parent/Guardian

Signature of Parent/Guardian