

CryoGam
Colorado, LLC

Authorization For Release of Semen

I am referring _____ to CryoGam Colorado, LLC to obtain cryopreserved semen specimens for assisted reproduction. I have informed her of the risks and limitations of assisted reproduction. I authorize her to obtain the specimens directly from CryoGam Colorado, LLC., or to telephone delivery orders to my office as needed. She has agreed that all specimens obtained from CryoGam Colorado, LLC., are for her personal use only. Our office will be performing the insemination procedure, or will instruct her on home insemination*.

Signature of the Healthcare Provider: _____

Date Signed: _____

Telephone Number of Healthcare Provider: _____

Print Name of Healthcare Provider: _____

Address of Healthcare Provider: _____

*Please Note: Home insemination is not allowed in all states. Please check with your state's regulations regarding this procedure.

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