



the women's  
the royal women's hospital

**Andrology Unit**

## CANCELLATION OF SPERM STORAGE

Please fill in this form and return by post or email to:

**Andrology Unit**  
**The Royal Women's Hospital**  
**C/- Locked Bag 300**  
**Parkville VIC 3052**  
**Phone: 03 8345 3993**  
**Fax: 03 8345 3990**  
**Email: [andrology.datamanager@thewomens.org.au](mailto:andrology.datamanager@thewomens.org.au)**

### Details of person whose sperm is stored.

FULL NAME:

ADDRESS:

POSTCODE:

DATE OF BIRTH:

AGE:

PHONE HOME / WORK (circle):

MOBILE:

**Please complete section A or B, as appropriate.**

### SECTION A.

I, \_\_\_\_\_ (full name), REQUEST CANCELLATION OF MY SPERM STORAGE AND HEREBY AUTHORISE THE ANDROLOGY UNIT TO DESTROY MY STORED SPERM.

SIGNED:

DATED:

### OR, SECTION B.

I, \_\_\_\_\_ (full name), WISH TO NOTIFY YOU THAT MY CHILD / PARTNER / NEXT OF KIN (please indicate), IS DECEASED.

SIGNED:

DATED:

**IMPORTANT! IF YOU ARE COMPLETING SECTION B PLEASE INCLUDE A COPY OF YOUR CHILD / PARTNER / NEXT OF KIN'S DEATH CERTIFICATE.**

ADDRESS:

POSTCODE:

PHONE HOME / WORK (circle):

MOBILE:

Doc No: AN-F-007	Version: 11	Date issued: 26/02/2020
Authorised by: Killeen, Aideen	Reference: AN-M-003	Pages: 1 of 1

**Printed Version is a Controlled Copy ONLY if Stripe in Margin is RED**