



Fertility Storage, Inc

4700 Thirteen Mile Road / Warren, Michigan 48092
Phone: 586-619-9566 Ext 226 / Facsimile: 586-576-0924

Authorization to Accept Transferred Cryopreserved Tissue for Storage

This letter acknowledges that the human tissue (embryo(s)/semen/oocyte(s)) indicated below, which were received for storage from another (facility) _____, by
Fertility Storage, Inc. (FSI)

(Female patient)

(Male patient)

Address: _____

This release absolves Fertility Storage, Inc. of all the responsibilities regarding the risk of transportation of cryopreserved specimens to the Fertility Storage, Inc.

Description of specimen released:

Human Embryo(s)/Semen/Oocyte(s) (circle one)

Received number of human embryo(s)/Oocyte(s) for storage _____

Received number of vial(s)/straw(s) of human embryo(s)/Oocyte(s) for storage _____

Received number of vial(s) of semen _____

_____/_____/_____ I/We understand that the cryopreserved tissue stored at the Fertility Storage, Inc, will be subject to an annual storage fee.

I/We acknowledge transfer of the cryopreserved specimen indicated above to the Fertility Storage, Inc.

Female Printed Name

Female Signature

Date

Male Printed Name

Male Signature

Date

FSI Witness/Notary

Date