

**Authorization to Accept Transferred Cryopreserved Tissue for Storage**

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

\_\_\_\_\_.

Patient Name \_\_\_\_\_

Partner Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

This release absolves FSI of all the responsibilities regarding the risk of transportation of cryopreserved specimen(s) to FSI. There is no guarantee that the cryopreserved specimen(s) will be viable.

Description of specimen(s) received:

\_\_\_\_\_ Human oocyte(s)      \_\_\_\_\_ Human embryo(s)      \_\_\_\_\_ Human semen

\_\_\_\_\_ Number of human embryo(s) or oocyte(s) received

\_\_\_\_\_ Number of vial(s) or straw(s) of human embryo(s) or oocyte(s) received

\_\_\_\_\_ Number of vial(s)/straw(s) of semen/testis tissue received

\_\_\_\_\_ / \_\_\_\_\_ I/we understand that the cryopreserved tissue stored at FSI will be subject to an annual storage fee (\$500 for embryo(s) or oocyte(s) and \$300 for semen/testis tissue).

I/we acknowledge the transfer of the cryopreserved specimen(s) indicated above to FSI.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner Name \_\_\_\_\_

Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_