

Authorization to Accept Transferred Cryopreserved Tissue for Storage

This letter acknowledges that the human tissue (oocyte(s) / embryo(s) / semen/testis tissue) indicated below, will be 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 _____ DOB _____

Patient Signature _____ Date _____

Partner Name _____ DOB _____

Partner Signature _____ Date _____

MCFW or Fertility Storage Inc Signature _____ Date _____

OR

Notary _____ Date _____