

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 :

Facility Name _____

Facility Address _____

Facility Phone _____

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) to be accepted:

_____ Human oocyte(s) _____ Human embryo(s) _____ Human semen

_____ Number of human embryo(s) or oocyte(s) to be accepted

_____ Number of vial(s) or straw(s) of human embryo(s) or oocyte(s) to be accepted

_____ Number of vial(s)/straw(s) of semen/testis tissue to be accepted

_____ / _____ 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 _____