

CONSENT TO RELEASE CRYOPRESERVED EMBRYOS

I/We hereby request and authorize “FCI” AND “GRI” to release the embryo(s) identified below to either me or

_____ (name of other Program or Transporter).

■ **IDENTITY OF EMBRYO(S)**

Patient Name: _____

Date of Birth: _____

Partner Name: _____

Date of Birth: _____

FOR OFFICE USE ONLY

Date of Cryopreservation
(Printed on Vessel
Housing Specimen)
(Month, Date, Year)

Embryo ID Number
(Printed on Vessel
Housing Specimen)

Name
(Printed on Vessel
Housing Specimen)

_____, _____
_____, _____
_____, _____

(Month, Date, Year) Date released: _____

Time released: _____

The “FCI” or “GRI” Representative: _____ Signature: _____

■ **RELEASE AND COVENANT NOT TO SUE**

“FCI” has identified each specimen unequivocally and cryopreserved each specimen using procedures known to preserve, as far as is technically possible, the original biological properties of each specimen with an understanding that the specimen(s) would be used by the patient in attempting to establish a pregnancy. I/We understand that in order to preserve the original biological properties of each specimen as far as is technically possible, each specimen must remain cryopreserved in liquid nitrogen until such time as it is removed from liquid nitrogen and thawed according to the method specified by “FCI”. I/We have been afforded adequate opportunity to have my/our questions regarding the identity, biological status and transport of each specimen answered by a representative of “FCI”.

I/We understand that I/we have full and sole responsibility for the transport and disposition of each specimen and hereby release “FCI” from any and all responsibility relating to my/our transporting the specimen(s) identified above and covenant not to sue “FCI”, its physicians, employees, and agents, for any and all claims, damages or causes of action arising out of or relating to these specimens following transfer of these specimens to us.

Patient Signature

Date

Partner (if applicable)

Date

Witness

Date

Consents signed outside the practice must be notarized and dated.

■ **RECEIPT OF EMBRYO(S) – FOR OFFICE USE ONLY**

I/We acknowledge that each specimen was received by us in good condition and cryopreserved in liquid nitrogen. A copy of the laboratory worksheet pertaining to this specimen(s), together with a summary of the procedure specified by "FCI" for thawing the specimen(s) was/was not (circle one) provided to me/us.

Date received: _____

Time received: _____

Patient or Representative _____

Signature: _____

Relationship to Patient: _____

Picture ID confirmed by: _____

Notary/Witness Attestation

Patient

Notary
Stamp

State of _____

County of _____

I certify that I know or have satisfactory evidence that

(Patient Name)

is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be him/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Notary/Witness Signature: _____

Title: _____

My appointment expires: _____

Partner (if applicable)

Notary
Stamp

State of _____

County of _____

I certify that I know or have satisfactory evidence that

(Partner Name, if applicable)

is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be him/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Notary/Witness Signature: _____

Title: _____

My appointment expires: _____