FERTILITY CENTERS OF ILLINOIS®
AND GAMETE RESOURCES, INC. - "FCI" AND "GRI"

(For Office Use: Apply Patient Label Here)

RELEASE OF CRYOPRESERVED SPERM, TESTICULAR TISSUE AND/OR EPIDIDYMAL ASPIRATE

☐ IDENTITY OF CRYOPRESERVED SPERM, TESTICULAR TISSUE AND/OR EPIDIDYMAL ASPIRATE

Patient Name: _____ Date of Birth: _____

FOR OFFICE USE ONLY

I hereby request and authorize "FCI and GRI" to release the specimen(s) identified below

Straws Cryopreserved: _____ Straws Thawed: _____ Straws Retained at "FCI and GRI": _____ Straws Released: _____

Date of Cryopreservation (Printed on Vessel Housing Specimen)	Identification Number (Printed on Vessel Housing Specimen)	Name on Straws of Specimen	Partner or Donor	Ejaculate/Aspirate Testicular Tissue (Biopsy/Homogenate)
_____, _____	_____	_____	_____	_____
_____, _____	_____	_____	_____	_____
_____, _____	_____	_____	_____	_____

Date released: _____ Time released: _____

Released to: _____

"FCI and GRI" Representative Signature & Title: _____

☐ RELEASE AND COVENANT NOT TO SUE

"FCI and GRI" 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 understand that in order to preserve the original biological properties of each specimen as far as is technical 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 the Fertility Centers of Illinois and Gamete Resources, Inc. I have been afforded adequate opportunity to have my questions regarding the identity, biological status and transport of each specimen answered by a representative of "FCI and GRI".

I understand that I have full and sole responsibility for the transport and disposition of each specimen and hereby release "FCI and GRI" from any and all responsibility relating to my transporting the specimen(s) identified above and covenant not to sue the Fertility Centers of Illinois and Gamete Resources, Inc., 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 my care.

_____

Patient Signature Date

_____

Partner Signature (if applicable) Date

Picture ID confirmed by: _____

Consents signed outside the practice must be notarized and dated.

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FOR OFFICE USE ONLY

□ RECEIPT OF SPECIMEN(S)

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I acknowledge that each specimen was received by me 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 and GRI" for thawing the specimen(s) was / was not (circle one) provided to me.

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: _____