



THE NEXT GENERATION

RELEASE AND TRANSPORTATION OF FROZEN REPRODUCTIVE MATERIALS

I, _____ and _____
Patient Partner

SS#: _____ and SS#: _____

do hereby request and agree that Ovation Fertility release _____ (number) of oocytes/embryos/sperm cryopreserved on _____ (date) and stored by Ovation Fertility ("Reproductive Materials") to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

We have been fully advised and understand that there are certain inherent risks in the process of freezing, shipping and thawing of Reproductive Materials. These risks include, but are not limited to, damage to the Reproductive Materials during the freezing process, handling during shipment, loss during shipment, liquid nitrogen tank failure during shipment and storage, damage during thawing, damage during rehydration and removal of cryoprotectants, and damage during fertilization/culturing prior to placement in the uterus, and that we are willing to assume all of these risks. Furthermore, we understand and accept the risks of transporting frozen Reproductive Materials from Ovation Fertility to another clinic, laboratory or individual. We acknowledge and agree that Ovation Fertility cannot assume any responsibility for the transportation, condition, or survival of any of the Reproductive Materials after they leave Ovation Fertility possession and control. We fully understand and accept that Ovation Fertility, its Medical Director(s), Laboratory Director(s) and laboratory personnel do not assume responsibility or liability for the transportation, condition, or survival of the Reproductive Materials or the physical or mental characteristics of any child or children born as a result of the use of the Reproductive Materials.

All sections of this form must be completed and both patient and partner must each sign this form, in the presence of a notary, before Ovation Fertility can release Reproductive Materials as directed.

Patients Printed Name

Patient's Signature

Date

Partner's Printed Name

Partner's Signature

Date

Notary Public

State of _____

County of _____

On _____ before me, _____,
Date Name of Notary

personally appeared _____,
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

NOTARY STAMP HERE