

MEMPHIS FERTILITY LABORATORY, INC.

80 Humphreys Center, Suite 307

Memphis, Tennessee 38120-2363

Tel: (901) 747-2229 Fax: (901)7474446

Consent to Transfer Cryopreserved Embryo(s) to Other Center

We, _____ (patient, date of birth ___/___/___) and _____ (partner) hereby authorize the release of all our cryopreserved embryos that are currently stored at Memphis Fertility Laboratory, Inc. (MFL) into the custody of:

Storage Facility or Laboratory Name: _____

Contact Person: _____

Contact Phone: _____ Fax: _____

Shipping address: _____

We wish to have our embryo(s): _____ picked up and delivered by patient, or by _____
_____ Third party shipper (Company): _____

We understand that our embryo(s) must be properly packaged to maintain viability during shipment. We acknowledge that we will be responsible for the charges and fees to package the shipment as well as all third party shipping and insurance fees. If we elect to pick up and deliver to the receiving facility by ourselves, we will take all responsibility to make sure the embryos will be transported according to the instruction. We also understand that all outstanding embryo storage fees at MFL must be paid prior to shipment.

We have determined that the laboratory receiving our embryo(s) has the appropriate facilities, expertise and personnel to store and utilize cryopreserved human embryos. We hereby release MFL, its' agents, servants, or employees from any injury or damage, known or unknown, that might result should the frozen embryo(s) cease to be viable once the embryos are released.

We hereby consent to the above terms and request shipment of all our embryo(s) to the above laboratory.

Signature of Patient

Signature of Partner

Print patient's name

Print Partner's name

Date

Date

Notary Public Signature

Date

Laboratory Director
Memphis Fertility Laboratory, Inc.

Date