

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

CONSENT TO RELEASE CRYOPRESERVED EMBRYOS

NOTE: THIS WRITTEN CONSENT IS AN IMPORTANT DOCUMENT AND THE COPY PROVIDED TO YOU SHOULD BE RETAINED WITH OTHER VITAL RECORDS FOR FUTURE REFERENCE

I/We hereby request and authorize the "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: _____

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" and "GRI" Representative: _____ Signature: _____

■ **RELEASE AND COVENANT NOT TO SUE**

The "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/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 the "FCI" and "GRI". 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 the "FCI" and "GRI".

I/We understand that I/we have full and sole responsibility for the transport and disposition of each specimen and hereby release the "FCI" and "GRI" from any and all responsibility relating to my/our transporting the specimen(s) identified above and covenant not to sue the "FCI" and "GRI", 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	Date
Partner (if applicable)	Date
Witness	Date

Consents signed outside the practice must be notarized and dated.

■ **RECEIPT OF EMBRYO(S)**

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 the "FCI" and "GRI" 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: _____