CENTER FOR REPRODUCTIVE BIOLOGY OF INDIANA, LLC
at Methodist Medical Plaza North
201 Pennsylvania Parkway–Suite 205, Indianapolis, IN 46280
Telephone: (317) 817-1147; Facsimile: (317) 817-1316

CONSENT FOR RELEASE OF CRYOPRESERVED EMBRYOS

We, the undersigned, authorize the withdrawal of _____ (indicate the number of) our cryopreserved (frozen) embryos from storage at the Center for Reproductive Biology at Methodist Medical Plaza North.

We request that these embryos be shipped in _____ (indicate the number of) shipments. The Center for Reproductive Biology recommends that two separate shipments be made to guard against any potential loss during shipment. A shipping fee is charged for each container shipment.

We request that these specimens be shipped in a liquid nitrogen dry shipper via Express Courier for overnight delivery _____ (date) to the following facility:

_____

Address: _____

_____

We also release results of infectious disease testing that was performed prior to cryopreservation. These results are necessary for release and storage of the embryos.

We acknowledge that the Center for Reproductive Biology will not make any representation or warranty with respect to:

(i) viability of the frozen embryos;
(ii) the possibility of the successful use of the frozen embryos in producing a pregnancy
(iii) the lack of risk of a birth defect or miscarriage after a pregnancy results from thawing and transferring the frozen embryos;
(iv) the possibility of the lack of complications in pregnancy and delivery after using these frozen embryos to produce the pregnancy;
(v) the infallibility of the liquid-nitrogen-cooled refrigerators or any other equipment of the Center for Reproductive Biology
(vi) the infallibility of the shipping service.

We understand that the Center for Reproductive Biology will inform the receiving laboratory of the manner in which the thaw should be performed. We understand that once the frozen embryos have been withdrawn from storage at the Center for Reproductive Biology and received by the courier, that the Center for Reproductive Biology cannot be responsible for the handling of said embryos. We further understand that we are financially responsible for the costs of shipment.

_____	_____	
(Name of Wife, Printed)	(Signature)	(Date)
_____	_____	_____
(Name of Husband, Printed)	(Signature)	(Date)
_____		_____
(Name of Program Witness or (Physician/Representative)	Signature)	(Date)

If this form is not signed in the presence of a physician or representative of this program, the form must be signed in the presence of a Notary Public. (Please see the back of the form.)

NOTARIZATION FORM FOR SIGNATURE OF FEMALE PARTNER

Printed Name of Female Partner: _____

_____ _____
Signature of Female Partner Date

State of _____ County of _____ ss.

On this _____ day of _____, in the year 200__, before me, and personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged that she executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY SEAL _____ _____
Signature of Notary Public Name Printed
My Commission Expires: _____ (Date)

NOTARIZATION FORM FOR SIGNATURE OF MALE PARTNER

Printed Name of Male Partner: _____

_____ _____
Signature of Male Partner Date

State of _____ County of _____ ss.

On this ____ day of _____, in the year 200__, before me, and personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY SEAL _____ _____
Signature of Notary Public Name Printed
My Commission Expires: _____ (Date)