

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)

**CENTER FOR REPRODUCTIVE BIOLOGY AT METHODIST MEDICAL PLAZA NORTH
201 Pennsylvania Parkway-Suite 205, Indianapolis IN 46280**

**NOTIFICATION OF RELEASE OF CRYOPRESERVED SEMEN SPECIMENS
WITHIN A MARRIED RELATIONSHIP**

Mr. and Mrs. _____ have requested the Center for Reproductive Biology at Methodist Medical Plaza North release cryopreserved semen samples to you and your facility.

I, the undersigned, acknowledge that I am prepared to receive the cryopreserved specimens for Mr. and Mrs. _____. I acknowledge that I have been informed that these specimens were cryopreserved within the context of a legal marriage. In accordance with Indiana State Law, these specimens can only be used within the context of this legal marriage.

I acknowledge that I have been informed that neither the specimens nor the husband (donor) were subject to quarantine and tested prior to release.

I understand that the Center for Reproductive Biology will provide information regarding the proper thawing of these specimens. I will advise the Center for Reproductive Biology of available storage (liquid nitrogen dewar) at my facility and when the specimens will be needed. I understand that I must provide at least 1 week notice to the Center for Reproductive Biology to arrange for shipping and that such notice must be provided Monday through Friday. A shipping fee will be charged for services, if a pre-paid, charged shipping dewar is not provided. Delivery will not be provided for Saturday or Sunday.

If it is known when the samples will be needed, please indicate here: _____ (date).

Complete address at which specimens can be received:

Name and Phone Number of contact person the Laboratory can call to verify information and to confirm shipping:

_____ (Name) _____ (Telephone/Facsimile)

(Printed Name of Physician)

(Signature of Physician)

(Date)

The cryopreserved semen samples will not be shipped until the Center for Reproductive Biology receives all required documentation. Please return this completed form to:

CENTER FOR REPRODUCTIVE BIOLOGY
201 Pennsylvania Parkway, Indianapolis, IN 46280
FAX 317-817-1316 Phone: 317-817-1147

Please call the laboratory if you have not received confirmation of shipping at 3 business days in advance of the date needed. Samples will be shipped only Monday, Tuesday or Wednesday to insure delivery by Friday.

A copy of this form will have the same legal effect as the original