
CONSENT TO TRANSFER CRYOPRESERVED IN VITRO PRE-IMPLANTATION EMBRYOS¹, EGGS, SPERM OR TISSUE SPECIMEN FROM CT FERTILITY, PC TO ANOTHER FACILITY

Please read the following Consent to Transfer Cryopreserved in Vitro Pre-Implantation Embryos, Eggs, Sperm or Tissue Specimen from CT FERTILITY, PC to Another Facility ("Consent") carefully. If you do not understand the information provided, do not feel comfortable with the information provided to you by CT FERTILITY, PC, or have additional questions, please do not sign the Consent before speaking with your treating Provider.

This Consent must be signed by you, the patient and any spouse or partner of yours (hereinafter "Spouse/Partner") with **PICTURE IDS** in the presence of a CT FERTILITY, PC (CT FERTILITY, PC) staff member. **Unless the context otherwise requires, references to "you" "your" or "I" in this Consent refer to both you and any Spouse/Partner and words in the singular form shall be construed to include the plural form and vice versa.** All sections of the Consent must be completed and initialed where indicated. These signature pages will be maintained at CT FERTILITY, PC and will remain in effect indefinitely unless you execute a new Consent to replace it—this may be done any time at your request. If you and/or your Spouse/Partner are unable to sign the consent in the presence of a CT FERTILITY, PC staff member, that signature must be **notarized** and the notary page returned to and maintained at CT FERTILITY, PC. You should keep a copy of this fully executed Consent for your records.

Printed Name:

Patient

Spouse/Partner (if applicable)

CT FERTILITY, PC MPI (Identification) Number:

Patient

Spouse/Partner (if applicable)

CT FERTILITY, PC employee completing above information:

Printed name

Signature

Date provided to the Patient

¹ "In Vitro Pre-Implantation Embryo": "A fertilized egg that has begun cell division in a laboratory dish ("in vitro") prior to its intended purpose for a potential transfer into a woman's uterus to achieve conception and pregnancy. An In Vitro Pre-Implantation Embryo, which may or may not be cryopreserved, may hereinafter be referred to as an "Embryo."

I have dispositional control over my cryopreserved (frozen) embryos, eggs, sperm, or tissue specimens at CT FERTILITY, PC and no longer wish to retain the embryos, eggs, sperm, or tissue specimens listed below in storage at CT FERTILITY, PC. I have made arrangements to have my cryopreserved (frozen) embryos, eggs, sperm or tissue specimens listed below and currently in storage at CT FERTILITY, PC transferred to:

 Name/Address of Storage Facility

The embryos, eggs, sperm or tissue specimens to be transferred are:

To be completed by Patient
 And any Spouse/Partner*

to be completed by CT FERTILITY, PC:

Please Initial	Type	Date Frozen	ID Number	Date/Time Sent	Condition Tank/Specimen
/	Embryos (#)				
/	Sperm (vials)				
/	Epididymal aspirate (vials)				
/	Testicular tissue (vials)				
/	Eggs (#)				

Prepared for shipping by: _____

*For purposes of this Consent, the term "Spouse/Partner" means a spouse, if legally married, or another individual involved in a relationship with the patient who has presented with the patient for assisted reproductive services and whom CT FERTILITY, PC considers to be a partner of the patient.

I acknowledge that it is solely my responsibility to arrange for the transportation of the frozen embryos, eggs, sperm, or tissue specimens via a courier service that is authorized to transport biological materials. CT FERTILITY, PC may suggest the names of a courier service that may be used; however, I understand that I may contract with another authorized courier service. I agree to notify CT FERTILITY, PC when the arrangements for the transfer have been made, and to provide a transfer date.

Please **CHECK (✓) ONE OPTION AND SIGN BELOW (BOTH PATIENT AND/OR SPOUSE/PARTNER below to indicate your decision to transfer regarding the transfer of cryopreserved embryos, eggs, sperm or tissue specimens from CT FERTILITY, PC to another facility:**

Transfer Option – Please choose ONE option

_____ I request to use a cryopreservation shipping tank provided by CT FERTILITY, PC for the transfer of my frozen embryos, eggs, sperm or tissue specimens from CT FERTILITY, PC to the above named storage facility location. I acknowledge that CT FERTILITY, PC will use a cryopreservation shipping tank and packing materials in accordance with the policies and procedures established by CT FERTILITY, PC for the transfer of frozen embryos, eggs, sperm or tissue specimens to another storage facility.

OR

_____ I will use a cryopreservation shipping tank provided by the receiving storage facility.

Signature

Signature, Spouse/Partner (if applicable)

Acknowledgement and Release

I acknowledge that the transportation of frozen embryos, eggs, sperm, or tissue specimens involves certain risks, including delays in transit, damage to or loss of the shipping tank, which may irreversibly impair, damage or destroy the frozen embryos, eggs, sperm, or tissue specimens making them unsuitable for use in assisted reproduction.

I agree to hold harmless, indemnify and release CT FERTILITY, PC, their agents, employees, representatives and physicians from any and all responsibility for the safety and integrity of the frozen embryos, eggs, sperm, or tissue specimens as a result of:

- (i) The manner or condition of the packing material and/or the cryopreservation shipping tank provided by the transferring storage facility; and
- (ii) The handling, transportation and storage of the cryopreservation shipping tank by the courier and/or the transferring storage facility.

Moreover, regardless of whether you choose to use CT FERTILITY, PC or the transferring storage facility, CT FERTILITY, PC assume no responsibility or liability for the safety and integrity of the frozen embryos, eggs, sperm, or tissue specimens once the cryopreservation shipping tank is no longer in possession and control of CT FERTILITY, PC .

Signatures

I have carefully read this Consent and fully understand its contents. I have had the opportunity to ask questions and have all my questions answered to my satisfaction. I am aware that this Consent releases CT FERTILITY, PC, its agents, employees, representatives and physicians from any and all responsibility for the safety and integrity of the frozen embryos, eggs, sperm, or tissue specimen(s) during the transfer and transportation from CT FERTILITY, PC to an alternative storage location.

<hr/> Signature - Patient _____ Date / /	<hr/> Signature –Spouse/Partner (if applicable) _____ Date / /
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Picture Identification

Patient:

Type: _____ Exp. Date: _____

Spouse/Partner (if applicable):

Type: _____ Exp. Date: _____

Picture Identification(s) Confirmed on Date: _____ / _____ / _____

Witness - Print Name and Title

Witness – Signature

(If not signed in the presence of CT FERTILITY, PC Staff Member, your signature must be notarized)

Notary Public

Sworn and subscribed to me on this _____ day of _____, 2_____

X _____
Notary Public _____ Date

(If not signed in the presence of CT FERTILITY, PC Staff Member, your signature must be notarized)

Notary Public

Sworn and subscribed to me on this _____ day of _____, 2_____

X _____
Notary Public _____ Date