

RELEASE OF CRYOPRESERVED EMBRYOS
 Reproductive Science Center, One Forbes Road, Lexington, MA 02421 (781) 674 1270

Female partner: _____ Date of birth: _____

Male partner: _____ Date of birth: _____

ENTER OWNER'S NAME and DATE OF BIRTH IN BLOCK CAPITAL LETTERS IN THE ABOVE SPACES.

Identity of Embryos:

Cryo date	Embryo ID number	Storage label number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indemnity

We/ I are the rightful owner(s) of the specimen(s) identified on this sheet and our/ my identity(ies) have been confirmed with attestation by a notary public.

The Reproductive Science Center (RSC) has identified each embryo unequivocally and cryopreserved each embryo using procedures known to preserve, as far as is technically possible, the original biological properties of each embryo with an understanding that the embryo(s) would be used by us/me in attempting to establish a pregnancy. We/I understand that in order to preserve the original biological properties of each embryo transferred to our care as far as technically possible, each embryo must remain cryopreserved in liquid nitrogen until it is removed from liquid nitrogen and thawed according to the method specified by RSC. We/ I have been afforded adequate opportunity to have our/my questions regarding the identity, biological status and transport of each embryo answered by a representative of RSC. We/ I understand that we/I have full and sole responsibility for the transport and disposition of each embryo and hereby release RSC from any and all responsibility relating to my/our transporting the embryo(s) identified above and to release RSC from any and all damages and costs related to this embryo(s) following transfer to our/my care.

 Female partner's signature

 Date

 Male partner's signature

 Date

NOTARY PUBLIC SHOULD SIGN AND STAMP IN THIS AREA TO RENDER DOCUMENT VALID.
This document cannot be accepted without notarization.

 Witness

 Date

RECEIPT OF SPECIMENS

I acknowledge that each embryo-containing straw (container) was received by me in good condition and cryopreserved in liquid nitrogen. A copy of the laboratory record pertaining to this specimen(s) and a procedure for thawing the specimen(s) specified by RSC was provided to me.

 Patient or patient's representative (print) Signature Date Time

Relationship of representative to patient: _____

Picture ID confirmed by: _____
