University Women's Healthcare-Fertility Center
401 E. Chestnut, Ste. 410 – Louisville, KY 40202
Tel. 502-271-5846; Fax 502-271-5984

ACCEPTANCE OF CRYOPRESERVED SPECIMENS FROM ANOTHER FACILITY

ACKNOWLEDGMENT & RELEASE

THIS ACKNOWLEDGMENT & RELEASE, entered into this _____ day of _____, 20_____

By _____
& _____ ("Releasers"),
in favor of University OB/GYN Associates, P.S.C.

The Releasers requests that University OB/GYN Associates, P.S.C. accept their cryopreserved _____ currently being stored in liquid nitrogen at:

_____

_____

_____

_____

(name and address of shipping facility)

The Releasers expressly release University OB/GYN Associates, it's employees and agents, from any and all liability for all claims and demands Releasers now have or may thereafter have for injury or damage arising from the transfer of the cryopreserved specimen to University OB/GYN Associates from another fertility program and/or improper thawing of the embryos.

IN WITNESS WHEREOF, the Releasers have executed this Consent & Release on the date, month and year first written above.

_____
Signature of Releaser Date

_____
Signature of Releaser Date

_____
Signature of Witness (Fertility Center Staff or Notary)

Our current contact info is:

Telephone _____
Address _____
_____
_____

Please return original to: Embryology Laboratory - Fertility Center
401 East Chestnut Street - Suite 410
Louisville, KY 40202

Attention: Signatures must be witnessed by Fertility Center Staff or a Notary for the form to be valid