SAN DIEGO Fertility Center

Consent for Transport to and Storage by SDFC of Frozen Material

I (We), _____(Patient) and _____(Partner) wish to have

my (our) previously cryopreserved ☐ Oocytes ☐ Sperm ☐ Embryos ☐ Tissue (check one) transferred to and maintained in storage by San Diego Fertility Center. Detailed documentation pertaining to the cryopreserved material being transported will be provided to SDFC. This should include cryopreservation date, # frozen, # vials or straws, contents per straw/vial, any laboratory forms pertaining to the cryopreserved material, infectious disease labs and freeze/thaw protocols. The Patient transporting frozen material must contact SDFC before doing so.

Shipping cryopreserved materials occurs throughout the United States and other parts of the world, and is relatively safe. However, there are certain risks involved with transporting such sensitive material. This includes, but is not limited to, improper packaging, transport container malfunction, mishandling, damage, thawing, or total loss of container and its contents. SDFC A.R.T. Laboratories cannot guarantee successful thaw outcome. In other words, there is a chance that when the frozen material is thawed, the material may not be recovered, a poor outcome may result, or there may be no survival at all of cryopreserved material. I (we) am (are) fully aware and understand that there are certain inherent risks in the process of freezing, shipping, storage and thawing of oocytes/sperm/embryos and am (are) willing to assume these risks. I (we) understand and accept the risks of transporting frozen oocytes, sperm, and embryos from one clinic to another. I acknowledge and accept that San Diego Fertility Center and its Laboratory cannot accept responsibility for the quality of the freezing process, the packaging process, the transportation, or survival of any of the oocytes, sperm or embryos received in our facility. I further understand that San Diego Fertility Center does not assume responsibility or liability of the physical or mental characteristics of any child or children born as a result of the use of the cryopreserved material.

By signing below, I(we), the patient(s), release SDFC and SDFC A.R.T. Laboratories of all liability pertaining to the transport, storage and thawing of my (our) cryopreserved material. I (We), the patient(s), have thoroughly reviewed and fully understand the contents of this agreement.

_____ _____

(Patient) (Date)

_____ _____

(Partner) (Date)

_____ _____

(Embryology Staff) (Date)