

THE CENTER FOR ADVANCED REPRODUCTIVE SERVICES (CARS) (The Center)

**CONSENT TO THE TRANSFER-OUT OF CRYOPRESERVED MATERIALS
("Transfer Out Consent")**

Partner #1 Last Name (Surname): _____ Partner #1 First Name: _____

Partner #1 Last 5 Digits SS#: _____ DOB: _____ Partner # 1 Gender: _____

Partner#2 Last Name (Surname): _____ Partner #2 First Name: _____

Partner #2 Last 5 Digits SS#: _____ DOB: _____ Partner #2 Gender: _____

Address: _____

Phone Number: _____

(We) (I) request transfer OUT of (our) (my): **Frozen embryos**
(Please check each box that applies) *(Requires names and signatures of both members of the couple)*

Frozen sperm and/or testicular tissue from patient
(Requires name and signature of sperm source only; Partner name requested)

Frozen donor sperm
(Requires recipient name and signature only)

Frozen oocytes (eggs)
(Requires patient signature only)

TRANSFER OUT of the Center for Advanced Reproductive Services (CARS) to the following designated facility or agent:

Contact Person Phone Number _____

Risks of Shipping and Transport. The Center for Advanced Reproductive Services, PC, (CARS), (The Center), and, as appropriate, its employees, contractors, consultants and authorized agents, agrees to provide its best efforts to pack the cryopreserved material in a container provided by the above-named recipient physician, program or facility. Packing will be performed consistent with written directions provided by that physician, program or facility. The Center shall not be responsible for the safety and physical integrity of the cryopreserved material once the container is in the possession of the patient, physician, program, facility, or any designated agent including commercial shipping companies or couriers.

We (I) are (am) aware that the transporting of cryopreserved material involves certain risks to that material, and if any of this material thaws during transport, it may be damaged or destroyed.

We (I) agree to accept any and all costs and risks involved in the transporting of any cryopreserved material. We (I) hereby release the Center for Advanced Reproductive Services, its employees, contractors, consultants and authorized agents, from any and all responsibility for the safety and integrity of the cryopreserved material, once it no longer is in the possession and control of the Center for Advanced Reproductive Services. We (I) acknowledge that the Center for Advanced Reproductive

Services makes no guarantees as to the security or method of the packing or transfer method, to the safe thawing of the cryopreserved material, or to a successful pregnancy. We (I) have carefully read this agreement and fully understand its contents. We (I) are (am) aware that this form is a release of liability, and we (I) sign it of our (my) own free will.

Please initial here: _____ **(Partner #1)**

Please initial here: _____ **(Partner #2; if applicable)**

Other Considerations:

Confidentiality. We (I) understand the confidentiality of medical records, including any photographs, X-rays or recordings, will be maintained in accordance with applicable state and federal laws. We (I) may request my records be released to other physicians.

Legal Actions. We (I) understand, agree and consent that any legal actions that are required as a result of disagreements between the parties about the disposition or use of sperm, will be at our (my) expense.

We (I) expect this procedure to be performed with not less than the customary standard of care. I understand the risks and benefits as outlined, and further understand and agree that The Center shall be responsible only for acts of negligence on its part and the part of its employees, contractors, and consultants and authorized agents.

We (I) also authorize the release of any Center, Hospital, Laboratory or Medical Records necessary to permit this transfer.

We (I) acknowledge this transfer consent requires the signature of both members of the couple who signed the original embryo cryopreservation consent for embryo transfer, of the sperm source patient only for sperm, epididymal and/or testicular tissue transfer and of the egg source patient only for oocytes or donor sperm. We (I) agree that if we (I) inherited these cryopreserved materials for our (my) own use or obtained the cryopreserved materials for use from a known donor, copies of these agreements and/or consents must be provided along with this consent. In that case, only the signature of the individual(s) involved in that agreement is (are) required.

Please refer to the above for required signatures.

Date Partner #1 Signature _____
Print Name

Date Partner #2 Signature _____
Print Name

Date Clinical Reviewer _____
Print Name

THE CENTER FOR ADVANCED REPRODUCTIVE SERVICES IN HARTFORD OR IN FARMINGTON MUST RECEIVE THIS CONSENT FORM PRIOR TO THE DISPOSITION OF THE MATERIALS.

Center for Advanced Reproductive Services
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Farmington, CT 06030-6224
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Attn: Alison Bartolucci
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