



Release of Liability Waiver

- OOCYTES # for transport: _____
- EMBRYOS # for transport: _____
- CLIENT DEPOSITOR # for transport: _____
- DONOR (anonymous OR directed) # for transport: _____

Materials coming from / going to (Program or Cryobank)?: _____

Contact person name, phone / fax / email: _____

- I/we understand that there are certain risks to transportation of cryopreserved materials. I am /we are assuming all of these risks in requesting the transport of my/our cryopreserved material. CUFC cannot be held responsible for the condition or survival of the cryopreserved material when thawed.
- I/we understand this consent must be notarized **before** the transport can be scheduled.
- I/we understand that I/we are responsible for all cost associated with this transport. There is also an intake fee and storage fee for all transports TO CUFC. For all transports FROM CUFC there is a \$200. Administrative fee and my account must be cleared with the billing department to transport out.

Patient Print Name: _____ **DOB:** _____

Signature: _____ **Date:** _____

NOTARY State of _____ County of _____

On this _____ day of _____, 20____, before me personally appeared _____ known to me (or satisfactorily proven) to be the person who executed the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

Notary Public Signature and Seal

Partner (if applicable) Print Name: _____ **DOB:** _____

Signature: _____ **Date:** _____

NOTARY State of _____ County of _____

On this _____ day of _____, 20____, before me personally appeared _____ known to me (or satisfactorily proven) to be the person who executed the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

Notary Public Signature and Seal

CUFC Personnel use only

Witnessed by: Print Name _____ Date: _____

Identification Used _____ Expiration Date _____

Tissue Bank Director: _____ Date: _____