



4612 Chamberlain Lane, Suite 200  
Louisville, KY 40241  
T (502) 996-4480  
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### Receipt of Gametes and Embryos from another Facility

THIS ACKNOWLEDGMENT & RELEASE, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_ & \_\_\_\_\_ (“Releasers”)  
in favor of Kentucky Fertility Laboratory, LLC

The Releasers request and authorize Kentucky Fertility Laboratory, LLC to accept their laboratory records and cryopreserved:

**Currently in storage at:**

- Sperm
- Eggs
- Embryos
- Ovarian Tissue

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(name and address of shipping facility)

The Releasers expressly release Kentucky Fertility Laboratory, LLC, its 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 Kentucky Fertility Laboratory, LLC 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

\_\_\_\_\_  
Notary Public’s Signature              Date

**My / Our current contact info is:**

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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**Please Return Original to:**

Kentucky Fertility Laboratory, LLC  
4612 Chamberlain Lane, Ste. 200  
Louisville, KY 40241

(Personalized Seal)

Attention: Signatures must be witnessed by a Notary or signed onsite at the Fertility Center to be valid