



**KENTUCKY**  
**FERTILITY INSTITUTE**

4612 Chamberlain Lane, Suite 200  
Louisville, KY 40241  
T (502) 996-4480  
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**TRANSFER OF CRYOPRESERVED SPECIMENS TO PATIENT’S CARE**

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

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

The Releasers requests that Kentucky Fertility Institute, LLC transfer their cryopreserved:

- Sperm**
- Eggs**
- Embryos**
- Ovarian Tissue**

**To:**

The releaser’s care for the purpose of transporting it to another Fertility Program or for disposal purposes.

The Releasers expressly release Kentucky Fertility Institute, 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 from Kentucky Fertility Institute, LLC, to the Releasers’ care for purposes of transporting to another fertility program, and/or improper thawing of this tissue.

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please Return Original to:**

Kentucky Fertility Laboratory  
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**