



4612 Chamberlain Lane, Suite 200
Louisville, KY 40241
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TRANSFER OF CRYOPRESERVED SPECIMENS TO ANOTHER FACILITY

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 relevant laboratory records and their cryopreserved:

To:

- Sperm
- Eggs
- Embryos
- Ovarian Tissue

(name and address of receiving facility)

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(s) from Kentucky Fertility Institute, LLC to the above designated facility.

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