

Female Patient Name: _____ Social Security# _____

Male Patient Name: _____ Social Security # _____

Karande & Associates, S.C. doing business as
InVia Fertility Specialists

RELEASE OF CYROPRESERVED EMBRYOS

I/We, _____, request that our embryo(s) stored at InVia Fertility Specialists be transferred to the following facility:

Facility Name: _____

We understand that it is our responsibility to pick up and transport the embryos to this facility and that InVia Fertility Specialists cannot be held liable for the embryos after they leave our facility. Provided we choose to have InVia Fertility Specialists ship the embryos for us, we will not hold InVia Fertility Specialists liable for any damage to the embryos caused in transit.

We understand that all past due balances on the cryopreservation/storage of these embryo(s) are due before the embryo(s) can be released to us for transport. We also understand that we will be assessed at \$250.00 administrative fee which must also be paid before the embryo(s) can be released to us for transport.

If we choose to use an InVia Fertility Specialists shipper tank, we understand that 48 hours notice is required in order to properly prepare a tank. We also understand that a \$750.00 **DEPOSIT** will be collected for use of the tank. We understand this is a **DEPOSIT** only and will not be processed if the shipper tank is returned.

Please call 847-884-8884 in order to arrange a pick-up time (pick ups are scheduled Monday thru Friday 8am-330pm). **YOU MUST HAVE AN APPOINTMENT IN ORDER TO PICK UP EMBRYOS!**

We have been provided a copy of this consent form and all of its terms have been explained to us to our satisfaction. We understand the risks, benefits and alternatives to our decision to transfer our embryos out of InVia Fertility Specialists.

Each of us has read the consent and had our questions answered to our satisfaction.

Date Signature of female patient Female Name – Print

Date Signature of male patient Male Name – Print

Note: If you and your partner do not fully understand this consent, please notify the InVia Fertility Specialists medical staff for further clarification. If you wish to sign the consent outside of InVia Fertility Specialists, BOTH SIGNATURES MUST BE SIGNED AND NOTARIZED or the consent will be considered invalid.

As one of the members of InVia Fertility Specialists, by my signature indicates the foregoing consent was read, discussed and signed in my presence.

Date Witness to female – Signature Witness Name – Print

Date Witness to male – Signature Witness Name – Print

For witness of signatures by a Notary Public:

State of _____, County of _____, I, the undersigned, a Notary Public in and for the said County in the state aforesaid; DO HEREBY CERTIFY that

_____(Female patient and male patient)
personally known to me as the same persons whose names are subscribed to the foregoing document appeared before me this day in persons, and acknowledged that he and she signed, sealed and delivered the said document as his and hers free and voluntary act, for the use and purposes therein set forth.

Given under my hand and official seal this _____ day of _____, 20_____.

Commission expires on: _____, 20_____.

Notary Seal:

Notary Public Signature