

Male Patient Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

**RELEASE OF CYROPRESERVED SEMEN**

I, \_\_\_\_\_, request that my cryopreserved semen sample stored at InVia Fertility Specialists be transferred to the following facility:

Facility Name: \_\_\_\_\_

I understand that it is my responsibility to pick up and transport the specimen to this facility and that InVia Fertility Specialists cannot be held liable for the specimen after it leaves our facility.

I understand that all past due balances on the cryopreservation/storage of these specimens are due before the specimens can be released to me for transport. I also understand that I will be assessed at \$250.00 administrative fee which must also be paid before the specimen can be released to me for transport.

If I choose to use a InVia Fertility Specialists shipper tank, I understand that 48 hours notice is required in order to properly prepare a tank. I also understand that a \$750.00 **DEPOSIT** will be collected for use of the tank. I 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 YOUR SPECIMEN!**

I have been provided a copy of this consent form and all of its terms have been explained to me to my satisfaction. I understand the risks, benefits and alternatives to my decision to transfer my sperm out of InVia Fertility Specialists

I have read the consent and had my questions answered to my satisfaction.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of male patient

\_\_\_\_\_  
Male Name – Print

