



Specimen Release Form

I hereby authorize Fertility Center of California to release and transfer my semen specimens for the use in Artificial Insemination (AI) or other assisted reproductive procedures on _____, who is my _____ (relationship).

Specimen Release Date (mm/dd/yyyy): _____ # Vials: _____.

Address: _____

City: _____, State: _____, Zip _____.

Physician Name: _____ Telephone #: _____.

LIMITATIONS ON OUR LIABILITY

Upon the transfer or release of the semen specimens, Fertility Center of California, its physicians, administrators or agents will not be liable for the following:

1. Any damage, whether direct, incidental, special or consequential to the specimens.
2. For loss, or delay caused by events we cannot control, including but not limited to weather conditions, natural disaster, war, fire, theft, acts of vandalism, governmental interference or regulation, or any other cause not within the direct or immediate control of Fertility Center of California.
3. Any failure of any outside agent or courier to deliver specimens in a timely manner and deliver dry shipper in good condition.
4. Improper supervision, maintenance, and storage of specimens at the new site.
5. Improper handling and thawing of specimens at new site.
6. Failure of specimen to induce pregnancy.

By signing below, I acknowledge that I have read and accept all of the limitations above and have authorized Fertility Center of California to release specimens to the above physician if ordered by the recipient or physician's office.

I have read and understand all the above terms.

Client Name:		Client Date of Birth (mm/dd/yyyy):	
Client Signature:		Today's date (mm/dd/yyyy):	
Client Address:			
Phone (Day):	Phone (Eve):	Email:	
FCC representative:		Notary Public (if no FCC rep):	