



Family Fertility Cryobank
A Reproductive Tissue CryoBank

Agreement to Transfer Reproductive Materials From FCC

This AGREEMENT, made between Fertility Center of California, Inc (FCC) and the person named below (the Client) requests the transfer of reproductive materials from FCC to the cryobank/physician (herein called the cryobank) listed below in accordance with FCC's current policies and procedures.

TYPE AND AMOUNT OF TISSUE TO BE TRANSFERRED

- embryo(s) # _____ egg(s) # _____
- ovarian tissue # _____ testicular tissue # _____
- other _____ # _____
- sperm # of vials _____ (circle) IUI or ICI

Name of Person(s)/Donor Code of tissue: _____

It is understood that the undersigned cryobank acknowledges this request and will assist in the transfer of the specimens. Furthermore it is recognized by the client that events, beyond FCC and the cryobank's control, may occur during transfer and it is understood by all parties that neither the cryobank or FCC are responsible for any losses associated with the shipment of the specimens.

To authorize the transfer of the client reproductive materials from FCC to the cryobank to, please provide the requested information below. Have the document witnessed and return it to FCC in advance of the transfer date.

- I understand that FCC and the cryobank cannot verify, nor guarantee, the viability of the transferred tissues.
- The risk of long term storage of such specimens is assumed by me.
- I agree to hold FCC harmless for any damage done to specimens before, during or after FCC possession of such specimens.
- I also release FCC for any liability for mislabeled specimens which are transferred to the cryobank.
- I have read and understand the policies above and hereby authorize FCC to release my specimens to the cryobank

WHEREAS the patient has fully been advised and understands that there are certain inherent risks in the process of shipping and handling of the specimens during shipment, including but not limited to loss during shipment, and liquid nitrogen tank failure, that may render the specimens useless. The patient is will and assumes all of the risks; and;

WHEREAS, the patient fully understands and accepts the FCC, its laboratory directors and laboratory personnel do not assume responsibility or liability for the transportation, condition or survival of the frozen specimens.

Patient Initials _____

Your Choice for Life™

6699 Alvarado Road, Suite 2208
San Diego, CA 92120
(619) 265-0102

www.spermbankcalifornia.com

12971 Newport Avenue, Suite 206
Tustin, CA 92780
(714) 730-3060

1-888-951-CRYO (2796)



From the following two boxes/options please choose ONE:

1. SHIPPING (FCC to arrange)

I want my reproductive tissues transferred to: _____ patients initials.

Lab/Recipient Name: _____

Physician: _____

Address of Physician/Lab/Recipient: _____

City: _____ State: _____ Zip: _____

Phone (____) ____-____ Date of ship out: ____/____/20____ Time: _____

2. Self/Guest PICK UP from FCC

*****Note: If a guest (non-tissue owner) is picking up, Authorization for Tissue Non-Owner to Transfer Materials" form MUST be complete*****

I will be taking the specimen out of FCC to be used by myself. I will be taking all responsibility related to this directive. _____ patient initials.

Date of pick up: ____/____/20____ Time: _____

SPECIMEN OWNER(S) SIGNATURE(S)

*****leave second name section blank if only one owner exists*****

Name: _____ print or type date: ____/____/____

specimen owner (please print)

Signature: _____ (specimen owner)

Name: _____ print or type date: ____/____/____

specimen owner (please print)

Signature: _____ (specimen owner)

FOR LAB PERSONNEL ONLY: Confirmation with receiving lab

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