

EMORY

REPRODUCTIVE CENTER

550 Peachtree St. Suite 1800, Atlanta GA 30308
 (404) 778-3401 FAX (404) 686 4501 CLIA ID 11D0897047

**Place Patient Sticker Here*

Name: _____

MRN: _____

DOB: _____

AUTHORIZATION FOR SHIPMENT OF FROZEN OOCYTES

I, _____, _____
 Patient Name Date of Birth

hereby authorize and instruct the Emory Reproductive Center of the Emory Clinic, Inc. to remove all of my remaining frozen oocytes from storage for transport to a Fertility Center in (please list the name, address, phone number and contact person of the designated facility):

I instruct that the oocytes are to be transported by the following means and agree to pay fees associated with the shipment.

- Reprotech (recommended for long-term storage)
- Cryoport Commercial courier (recommended to transfer to another fertility clinic)
- Federal Express
- Other (please specify) _____

I understand that there are material risks to frozen oocytes during transport which could result in damage or loss of oocyte viability. I accept all responsibility for any losses or damage to the oocytes as a result of my desire to have the oocytes moved. I agree to absolve, release, indemnity, protect and hold harmless the Emory Reproductive Center, Emory Clinic, Inc., its officers, directors, agents and employees from any and all liability associated with the handling and transport of my frozen oocytes to the above designated facility.

On signing this form, I acknowledge that I have read the above statement regarding the release of my oocytes, and I wish to take full responsibility for the release.

 Signature of Patient Date Time

 Signature of Staff Member Date Time

OR

 Print Name of Notary Signature of Notary Date Time

Seal

Instructions to Patient

In order for this consent for the shipment of frozen oocytes to be acceptable, we must receive a copy of the notarized form from the Patient. This form can be sent via patient portal, or mailed to Emory at the address below. Alternatively, the Patient may sign this form in the presence of an Emory Reproductive Center staff member with a state-issued ID.

Emory Reproductive Center
 Attn: Clinic Operations Manager
 550 Peachtree St., Suite 1800
 Atlanta, GA 30308