

# 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 SEMEN

I, \_\_\_\_\_, \_\_\_\_\_,  
Patient Name Date of Birth

hereby authorize and instruct the Emory Reproductive Center of the Emory Clinic, Inc. to remove all of our remaining frozen semen 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 semen be transported by the following means and agree to pay fees associated with the shipment.

- ReproTech (recommended for long-term storage)
- \*Your signature(s) below authorizes the release of your name, address, phone number and email address to ReproTech for their staff to follow up and provide you with the paperwork for shipment of your semen to ReproTech's facility.
- Cryoport Commercial courier (recommended to transfer to another fertility clinic) Federal Express
- Other (please specify) \_\_\_\_\_

I understand that there are material risks to frozen semen during transport which could result in the damage or loss of sperm viability. I accept all responsibility for any losses or damage to the sperm as a result of my desire to have the frozen semen sample moved. I agree to absolve, release, indemnify, 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 our frozen semen sample to the above designated facility.

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

Signature of Patient	Date	Time
Signature of Clinical Staff Member	Date	Time
OR		
Print Name of Notary	Signature of Notary	Date
		Time

Seal

#### Instructions to Patient

In order for this consent for shipment of the semen 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 clinical staff member with a state-issued ID.

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