



CONSENT TO TRANSFER CRYOPRESERVED EMBRYOS

We, _____ and _____
Printed Patient Name Printed Partner Name

authorize Reproductive Resource Center of Greater Kansas City to

TRANSFER / ACCEPT TRANSFER OF (circle one) our cryopreserved embryos **TO / FROM** (circle one) _____.

To authorize the transfer/acceptance of embryo(s), read, sign and have the document witnessed and return it to RRC in advance of the transfer/acceptance date.

1. We understand that there is inherent risk of cryopreserved embryo(s) failing to withstand the freezing and thawing process.
2. We understand that embryo(s) may be thawed or damaged in shipping.
3. We understand that there could be failure of embryo(s) to continue to divide after thaw.
4. We also release RRC for any liability for mislabeled embryo(s) which are received by RRC.
5. We agree to hold RRC harmless for any damage done to embryo(s) prior to/after possession of such embryo(s).
6. We have read and understand the policies above and hereby authorize RRC to receive/release our embryo(s).

NOTARIZED SIGNATURE(S) REQUIRED BELOW:

Patient Name (Print) **Date of Birth**

X _____
Patient Signature **Date**

Partner Name (Print) **Date of Birth**

X _____
Partner Signature **Date**

Notary Public

Sworn and subscribed before me on this _____ day of _____, _____.

X _____
Notary Signature **Date**

Celeste Brabec, M.D.

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