

**Fort Worth Fertility, P.A.
Texas Reproductive Center, L.L.C**

RELEASE FORM FOR CRYOPRESERVED SPERM

I (We) Understand that _____ vial(s) of sperm are cryopreserved and currently in storage at Texas Reproductive Center, L.L.C..

I (We) (Wife) _____ and (Husband) _____
Request and authorize the release of my (our) cryopreserved sperm from Texas Reproductive Center, L.L.C. (**Please initial only one option**):

1. _____ myself (ourselves) for the purpose of transporting the sperm in my (our) care.
2. _____ a designated courier for the purpose of transporting the sperm to another facility for my (our) use as indicated below:

Facility or Physician: _____
Address: _____

Phone: _____ FAX: _____

3. _____ Texas Reproductive Center, L.L.C. to discard any and all cryopreserved sperm within 3 days after the signing date of this form.

I (We) understand that I (we) assume the risk of any loss of sperm that may occur in the process of transfer or in the subsequent storage and handling of my (our) cryopreserved sperm, including any reduction in the chance of successfully establishing fertilization and /or pregnancy with the sperm.

I (We) hereby release Texas Reproductive Center, L.L.C., Fort Worth Fertility, P.A. and our physician(s) from any liability or damage resulting from any subsequent transportation, storage and handling of my (our) cryopreserved sperm after withdrawal from Texas Reproductive Center, L.L.C..

By signing below, I (we) understand and agree to the terms and statements within this document.
PLEASE PRINT

WIFE _____ DATE _____
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____

NOTARY PUBLIC _____ DATE _____

HUSBAND _____ DATE _____
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____

NOTARY PUBLIC _____ DATE _____