

k	*Place Patient Sticker Here
ľ	Name:
ן [OOB:

(404) 778-3401 FAX (404) 686 4501 CLIA ID 11D0897047

AUTHORIZATION FOR SHIPMENT OF FROZEN TISSUE TO DEDDOTECH

Patient Name		Date of Birth	
	<u>, , , , , , , , , , , , , , , , , , , </u>		
Partner Name (if applic	cable)	Date of Birth	
uthorize and instruct the Emory Repssue from storage for transport to:	roductive Center of the Emory	Clinic, Inc. to remove all o	f my/our ren
	orotech Florida (Long Term S nson Rd., Suite 2 Coconut Cro PH# 954-570-7687		
ry, protect and hold harmless the Emes from any and all liability associated facility. I/we allow Reprotech to ong this form, I/we acknowledge that	nory Reproductive Center, Emo red with the handling and transp contact me/us regarding our fro I/we have read the above states	ry Clinic, Inc., its officers, port of our frozen embryos ozen eggs, sperm, and/or en ment regarding the release of	directors, ag to the above nbryos.
embryos as a result of our desire to bey, protect and hold harmless the Emes from any and all liability associated facility. I/we allow Reprotech to one of this form, I/we acknowledge that term, and/or embryos, and I/we wish	nory Reproductive Center, Emo red with the handling and transp contact me/us regarding our fro I/we have read the above states	ry Clinic, Inc., its officers, port of our frozen embryos ozen eggs, sperm, and/or en ment regarding the release of	directors, ag to the above nbryos.
ey, protect and hold harmless the Emes from any and all liability associated facility. I/we allow Reprotech to one of this form, I/we acknowledge that erm, and/or embryos, and I/we wish	nory Reproductive Center, Emo ted with the handling and transp contact me/us regarding our fro I/we have read the above stater to take full responsibility for the	ry Clinic, Inc., its officers, port of our frozen embryos ozen eggs, sperm, and/or en ment regarding the release one release.	directors, ag to the above nbryos.
ey, protect and hold harmless the Emes from any and all liability associated facility. I/we allow Reprotech to one of this form, I/we acknowledge that term, and/or embryos, and I/we wish PATIENT – SIGNATURE PATIENT IDENTIFICATION: (fill	nory Reproductive Center, Emored with the handling and transpontant me/us regarding our from I/we have read the above states to take full responsibility for the REPROTECH ID #	ry Clinic, Inc., its officers, port of our frozen embryos ozen eggs, sperm, and/or en ment regarding the release of the release. DATE	directors, ag to the above nbryos. of my/our fro
ey, protect and hold harmless the Emes from any and all liability associated facility. I/we allow Reprotech to one of the facility of the facility. I/we acknowledge that erm, and/or embryos, and I/we wish PATIENT – SIGNATURE PATIENT IDENTIFICATION: (fill Patient	action reproductive Center, Emoted with the handling and transponding contact me/us regarding our from I/we have read the above states to take full responsibility for the REPROTECH ID #	ry Clinic, Inc., its officers, port of our frozen embryos ozen eggs, sperm, and/or en ment regarding the release of the release. DATE	directors, ag to the above nbryos. of my/our fro
ey, protect and hold harmless the Emes from any and all liability associated facility. I/we allow Reprotech to one of the facility of the facility. I/we acknowledge that earn, and/or embryos, and I/we wish PATIENT – SIGNATURE PATIENT IDENTIFICATION: (fill Patient Type Viewed:	action reproductive Center, Emoted with the handling and transponding contact me/us regarding our from I/we have read the above states to take full responsibility for the REPROTECH ID #	ry Clinic, Inc., its officers, port of our frozen embryos ozen eggs, sperm, and/or en ment regarding the release of the release. DATE	directors, ag to the above nbryos. of my/our fro
ey, protect and hold harmless the Emes from any and all liability associated facility. I/we allow Reprotech to one of the facility of the facility of the facility. I/we acknowledge that erm, and/or embryos, and I/we wish PATIENT – SIGNATURE PATIENT IDENTIFICATION: (fill Patient	rory Reproductive Center, Emored with the handling and transponding our from the land out the land out from the land out from the land out from the land out by staff member) Exp. Date:	ry Clinic, Inc., its officers, port of our frozen embryos ozen eggs, sperm, and/or en ment regarding the release of the release. DATE DATE Confirmed on Date:	directors, ag to the above nbryos. of my/our fro

OR

NOTARY – PRINT NAME	NOTARY – SIGNATURE	DATE	TIME
SEAL			

Instructions to Patient

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