

# LIFELINE CRYOGENICS, LLC

1275 SUMMER STREET • SUITE 204 • STAMFORD, CONNECTICUT 06905 • TEL: 203-967-2796

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## CONSENT FOR THE TRANSFER OF CRYOPRESERVED EMBRYOS TO A NEW FACILITY

I, \_\_\_\_\_ (wife) and \_\_\_\_\_ (husband) of \_\_\_\_\_ (address, including city, state and zip) request, consent and authorize Lifeline Cryogenics, and any of his associates and/or staff to remove any cryopreserved embryos we currently have in storage under their care.

We acknowledge the following risks have been explained to us: the cryopreserved embryos could thaw and could be damaged during transport.

We, the undersigned wife and husband acknowledge that Lifeline Cryogenics will release our cryopreserved embryos to:

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\_\_\_\_\_ upon our request, consent and authorization. We acknowledge that Lifeline Cryogenics will have no responsibility for the transfer of our cryopreserved embryos and will have no responsibility for our cryopreserved embryos after they are removed from Lifeline Cryogenics storage facility. We understand that:

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\_\_\_\_\_ will have the sole responsibility for collecting and transferring our cryopreserved embryos to the new storage facility.

We release and forever discharge Lifeline Cryogenics from any and all liability, claims, demands, costs, and expenses relating to the cryopreserved embryos once they are removed from the storage facility of Lifeline Cryogenics.

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Female Partner (Printed Name)	Wife Signature	Date
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Male Partner (Printed Name)	Husband Signature	Date
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Witness Signature	Date
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Physician Signature	Date
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