REPRODUCTIVE RESOURCE CENTER
20 years of Innovation

CONSENT TO TRANSFER CRYOPRESERVED EMBRYOS

We, _____ and _____
Printed Patient Name Printed Partner Name

authorize Reproductive Resource Center of Greater Kansas City, P.A. 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).

_____ _____
Patient Signature **Date**

_____ _____
Partner Signature **Date**

STATE OF: KANSAS)
) SS
COUNTY OF: JOHNSON)

Subscribed and sworn to before me this ____ day of _____, 20____.

_____
My Commission Expires: Notary Public

Celeste Brabec, M.D. • Ryan Riggs, M.D.
12200 W. 106th St., Suite 120 • Overland Park, Kansas 66215
(913) 894-2323 • fax (913) 894-0841 • rrc.com