



**CONSENT TO THAW AND TRANSFER CRYOPRESERVED EMBRYOS**

I / We, \_\_\_\_\_ and \_\_\_\_\_ authorize  
Reproductive Resource Center (RRC) to thaw and transfer into the uterus  
of \_\_\_\_\_, DOB \_\_\_\_\_, my / our cryopreserved embryo(s).

<b>Number of embryos to transfer:</b> _____		
<b>Order of Embryo thaw:</b>	<b>Identification #</b>	<b>Date Frozen</b>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
<b>Other instructions:</b> _____		
_____		
_____		

I / We do not hold Reproductive Resource Center (RRC) or the staff of RRC responsible  
for failure to establish a pregnancy.

X \_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Date of Birth

Notary

X \_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Name (Print)

\_\_\_\_\_  
Date of Birth

Notary

X \_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date