

**ARIZONA ADVANCED REPRODUCTIVE LABORATORY (AARL)/
ADVANCED FERTILITY CARE (AFC)**

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Authorization to Transport Cryopreserved Specimens

Patient Name (Print):	Date of Birth:
Partner Name (Print):	
Specimen Type:	<input type="checkbox"/> SPERM # of vials: _____ <input style="margin-left: 100px;" type="checkbox"/> EMBRYOS # of embryos: _____
Specimen will be transferred to/from (enter clinic name and full address):	<hr/> <hr/> <hr/> <div style="display: flex; justify-content: space-between;"> Clinic Phone #: Fax #: </div> <hr/>
Transport Method:	<input type="checkbox"/> Transported by myself with a cryoshipper <input type="checkbox"/> Transported by FedEx/CryoPort/other shipping courier
LIMITATIONS ON OUR LIABILITY: I understand that upon the transfer or release of specimens, Arizona Advanced Reproductive Labs, its physicians, or staff will not be liable for the following: <ol style="list-style-type: none"> 1) Any damage, whether direct, incidental, special or consequential to the specimen(s); 2) Loss or delay caused by events we cannot control including natural disasters, war, environment, fire, theft, or government interference; 3) Any failure of an outside agent or courier to deliver specimen(s) in a timely manner and deliver the cryoshipper in good condition; 4) Improper supervision, maintenance, and storage of specimen(s) at the new/previous clinic; 5) Improper handling and thawing of specimen(s) at the new site or failure to induce fertilization or pregnancy. 	

By signing this form, I acknowledge that I have read, understand, and accept all of the terms and limitations presented above. ***IF NOT SIGNED IN OFFICE WITH AARL/AFC STAFF AS PRESENT TO WITNESS, THIS DOCUMENT MUST BE NOTARIZED.***

Patient Signature:	Date:
Partner Signature:	Date:

Notary Attestation: State of _____ County of _____

On this _____ day of _____, in the year 2____, *Printed Name(s)* _____ personally appeared before me and was/were personally known to me or proven to me on the basis of satisfactory evidence as the person(s) whose name(s) is/are subscribed to this instrument (Notarization Form), and I acknowledge that he/she/they executed it. I declare under penalty of perjury that the persons(s) whose name(s) is/are subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.