

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

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*Authorization to Transport Cryopreserved Specimens*

<b>Patient Name (Print):</b>	<b>Date of Birth:</b>	
<b>Partner Name (Print):</b>		
<b>Specimen Type:</b>	<input type="checkbox"/> SPERM <input type="checkbox"/> EMBRYOS <input type="checkbox"/> OOCYTES	# of specimens/cryovials:
<b>Specimen(s) will be transferred to/from (enter clinic name and full address):</b>	_____	
	_____	
	Clinic Phone #:	Fax #:
	_____	
<b>Transport Method:</b>	<input type="checkbox"/> Transported by myself with a cryoshipper <input type="checkbox"/> Transported by FedEx/CryoPort/other shipping courier	
<b>LIMITATIONS ON OUR LIABILITY:</b>		
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:		
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.***

<b>Patient Signature:</b>	<b>Date:</b>
<b>Partner Signature:</b>	<b>Date:</b>

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.