



**Idaho Center  
For Reproductive  
Medicine**

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## **Request For Transfer of Cryopreserved Embryos/Sperm/Oocytes**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

We the undersigned \_\_\_\_\_ ( the "Partner A"), and \_\_\_\_\_ (the "Partner B"), known as the "Partners" hereby request and authorize the physicians or the staff employed by Idaho Center for Reproductive Medicine and its assisted reproductive lab located at 1000 E. Park Blvd Suite 110, Boise, Idaho , to transfer all vials or straws containing cryopreserved embryos or sperm of the "Partners" to the custody and control of North American Cryo Bank (NACB). ICRM staff will act as transport agents in coordinating and shipping with NACB.

Generally, the transfer of cryopreserved embryos or sperm is a very safe method if performed by appropriately trained individuals. We acknowledge that we have been advised by our physician Dr. Slater/Maas/Tobler and/or their staff at the Idaho Center for Reproductive Medicine or by the recipient facility that the transfer of the cryopreserved embryos or sperm may be subject to risks or factors which may damage them, compromising the viability of the samples. These risks include but are not limited to risks associated with the actual transfer process, such as failure of the tank and loss of refrigerant during the shipment.

### Responsibility for Transfer and Following Transfer

We understand that Idaho Center for Reproductive Medicine will assume no responsibility for the handling or preservation of the embryos or sperm or any other aspect of such transfer arrangements following the release of the embryos or sperm to NACB.

### Release

In consideration of the matters set forth above, "Partners" do hereby release and agree to indemnify and hold harmless Idaho Center for Reproductive Medicine, Dr. Slater/Maas/Tobler as well as staff working under their direction and supervision from and against any responsibility or liability with respect to the safety and viability of the cryopreserved embryos or sperm during the transfer from one site to another.

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Partner A \_\_\_\_\_  
Signature

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Partner B \_\_\_\_\_  
Signature

\*DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Witness/Notary \_\_\_\_\_

Signature of Notary

Print Name of Notary—Place Notary Stamp at bottom of this sheet.

\*No Notary is Necessary if signed and witnessed at ICRM.