

**AGREEMENT TO RELEASE
CRYOPRESERVED EMBRYOS/
GAMETES/ TISSUE
(Monash Health)**

Patient Code: (Office Use Only)			
Patient Surname		Partner Surname (if applicable)	
First Name		First Name	
Date of Birth		Date of Birth	
Mobile No.		Mobile No.	
Address			

City Fertility will not be responsible for any undelivered mail/email/notices due to the failure of a patient or partner to update their addresses

City Fertility have in storage held and maintained for the above-mentioned patient and partner (if applicable) the following embryo(s)/ gametes/ tissue (insert no.):	
	cryopreserved Embryo(s)
	cryopreserved straws of semen
	cryopreserved oocyte(s)
	cryopreserved ovarian tissue

The Patient and the Partner now wish to remove their embryo(s)/ gametes/ tissue from the storage facility of **City Fertility Notting Hill** (CF Location) and have their embryo(s)/ gametes/ tissue and relevant screenings and freeze details transferred to the storage facility at **Royal Women’s Hospital 20 Flemington Rd, Parkville VIC 3052 (Receiving Clinic)**.

The Patient and the Partner directs that City Fertility release the embryo(s)/ gametes/ tissue to the care and control of a carrier nominated by the Patient and the Partner or the Receiving Clinic.

Upon collection by the nominated carrier, City Fertility **City Fertility Notting Hill** (CF Location) is released from any further responsibility or liability in relation to storage, transportation, well-being or integrity of the embryo(s)/ gametes/ tissue and the storage straw(s) or cryovial(s), notwithstanding those embryo(s)/ gametes/ tissue that may remain at those premises of City Fertility.

City Fertility is no way responsible for the safe carriage of the embryo(s)/ gametes/ tissue to their destination, or for their condition on arrival.

Upon collection of the stored embryo(s)/ gametes/ tissue by the carrier for transport to a storage facility outside of the City Fertility group of clinics, City Fertility will take no further part in the future management of the Patient and Partner’s embryo(s)/ gametes/ tissue.

The patient and partner will promptly notify City Fertility as to the outcome of any subsequent transfer(s) of the Patient and Partner’s embryo(s)/ gametes/ tissue, whether successful or not, for record keeping purposes.

The patient and partner declare that the intended purpose following the release of their gametes and/or embryo(s) is to achieve a pregnancy following transfer of an embryo into a woman’s uterus and such embryo transfer(s) will not involve a commercial surrogacy agreement.

The Patient and Partner together release City Fertility from and against all costs, claims, demands, losses and any other liability whatsoever (including but not limited to claims based in negligence of City Fertility arising directly or indirectly from the storage, release, handling and transport of the Patient and Partner’s embryo(s)/ gametes/ tissue, or in any other way).

The Patient and Partner are required to provide a copy of either Driver’s licence or passport to assist with identity verification when returning this consent.

Sign		/ /		/ /
	Patient’s Signature	Date	Partner’s Signature (if applicable)	Date

<i>(Office Use Only)</i>		
City Fertility has checked the signatures of the patient & partner (if applicable) to ensure that they match, prior releasing embryos or gametes. A copy of Driver’s licence/Passport must be used to verify identity of both parties’ signatures where no previous physical signature is on file. (ie. where only electronic signatures from patient portal are on file)	Staff Initials	Date / /