Consent to Transfer of Cryopreserved Sperm from Andrology Laboratory
at Regional One Health to Another Storage Facility

I, _____ (Patient), the undersigned Patient, have previously consented to cryopreservation (freezing) and storage of my sperm for my future use, at the Andrology Laboratory at Regional One Health (ROH).

I acknowledge that I currently have _____ vials of sperm cryopreserved and stored with the Andrology Laboratory at ROH.

I consent to the transfer and storage of all vials of my cryopreserved sperm to:

_____ (name of Storage Facility)

_____ (street)

_____ (city, state, zip)

_____ (telephone and fax)

_____ (contact person)

I consent to disclosure of my protected health information (PHI) to the Storage Facility and acknowledge that I have contacted the above Storage Facility, received and signed all required consents and their documents and will have said Storage Facility fax such consents and documents to ROH for verification prior to transfer of any cryopreserved sperm. I understand I must give the ROH Andrology Laboratory a minimum of fourteen (14) business days' notice in order to facilitate the transfer of my cryopreserved sperm to above Storage Facility.

I understand ROH will arrange and carry out transport of my sperm to the Storage Facility indicated above at the cost of $250.00. I acknowledge that events beyond ROH's control may occur during transport and agree that ROH and/or UT Regional One Physicians, Inc., is not liable for any losses associated with the transport of my sperm following the release of such sperm from the ROH Andrology Laboratory. Generally, the transfer of cryopreserved sperm is very safe method, if performed by appropriately trained laboratory staff. I acknowledge that I have been advised by the ROH Andrology Laboratory, and/or by the recipient Storage Facility that the transfer of the cryopreserved sperm may be subject to risks or factors which may damage them. These risks include, but are not limited to, risks associated with the actual transfer process, such as loss of the vapor phase form of liquid nitrogen, the refrigerant that keeps the sperm frozen, during shipment.

In consideration of the matters set forth above, I do hereby release and agree to indemnify and hold harmless ROH, UT Regional One Physicians, Inc. and their employees, agents, officers, directors, and contractors from and against any responsibility or liability with respect to the safety and viability of the cryopreserved sperm during the transfer from this center to the above Storage Facility.

I acknowledge and affirm that I have given my consent and signed this consent from without coercion or compulsion and of my own free will.

_____ _____
Patient Signature* Date

_____ _____
Patient Printed Name

_____
Witness Signature Date

_____
Witness Printed Name

_____ _____
Parent or Guardian Signature (if patient is a minor)* Date

_____
Parent or Guardian Printed Name

Regional One Health

Consent to Transfer Cryopreservation Sperm
from ROH to Another Facility
Form No. ROH.560 (Created 5/15) *OB0481*
1 Copy - Medical Record 1 Copy - Patient

Affix Patient Label

Patient's Initials _____

Physician Attestation

The above mentioned Patient and Partner (if applicable) have been informed and counseled by me and others regarding the risks and benefits of the relevant treatment options, including non-treatment. The Patient and Partner (if applicable) expressed understanding of the information presented during the discussion.

_____
Physician Signature Date

_____
Physician Printed Name

[Notary Page to follow]

[Notary Page for: Consent to Transfer Cryopreserved Sperm from Andrology Laboratory at Regional One Health to Another Facility]

STATE of _____)
) :SS
COUNTY of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, referred to in this consent form as "Patient" or parent or guardian of "Patient".

My commission expires: _____ .

_____
Notary Public

Affix Patient Label

Patient's Initials _____