

# TRANSFER OF CRYOPRESERVED SPECIMENS TO ARIZONA REPRODUCTIVE MEDICINE SPECIALISTS

1701 East Thomas Road – Building 1; Suite 101 Phoenix, AZ 85016  
(602) 343-2767- fax: (602) 343-2766 - email: kpomeroy@arizonarms.com

Patient Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

We \_\_\_\_\_ (patient's name) request that our cryopreserved specimens be released from \_\_\_\_\_ to the agent for **Arizona Reproductive Medicine Specialists**. We understand that the specimens will be shipped in a dry shipper using standard protocols for cryopreserved specimens. We also understand that there are inherent risks in shipping these specimens (such as loss of and thawing of specimens) and we assume all of these risks and release Arizona Reproductive Medicine Specialists of any liability. We further realize that specimens frozen at one facility may have poorer thaw survival when thawed at another facility due to differences in protocols, equipment and personnel. We assume the risks of damage, accidental thawing, and decreased viability. If a dry shipper is used we assume the responsibility for the return of that dry shipper and agree to pay the cost of a replacement dry shipper at market value should that shipper be lost, damaged or not returned after 10 days. If these specimens are from any donor tissue (sperm or embryos) this must be made clear to ARMS prior to shipping to ensure that proper screening of the tissue prior to receipt. If vials larger than 1.2 ml or any straws are being transferred, an additional yearly fee of \$150 shall be charged.

From: \_\_\_\_\_

Address to be shipped to: \_\_\_\_\_

1701 East Thomas Road; Bldg 1; Suite 101  
Phoenix, Arizona 85016

Phone Number and Name of Receiver: \_\_\_\_\_

Kimball O. Pomeroy 602-343-2764

Phone Number and Name of Sender: \_\_\_\_\_

Number of vials to be shipped: \_\_\_\_\_ Contents of vials: \_\_\_\_\_

Date Tissue Extracted \_\_\_\_\_

Details of shipping (date, carrier, etc.): \_\_\_\_\_

By: Client (Print) \_\_\_\_\_ )  
Signature (Client) \_\_\_\_\_ ) SS: County of \_\_\_\_\_ )

Client's Spouse \_\_\_\_\_ On this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me  
Spouse Signature \_\_\_\_\_ a notary public, the undersigned officer, personally appeared

Date: \_\_\_\_\_, known  
Address: \_\_\_\_\_ to me (or satisfactorily proven) to be the person whose name is subscribed  
\_\_\_\_\_ to the within instrument, and acknowledged that he executed the same for  
Phone: \_\_\_\_\_ the purposes therein contained. In witness hereof, I hereunto set my hand  
and official seal.

Witness Signature: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public

*This document must be signed by both parties in the presence of a notary and notarized. No specimens will be released until receipt of this document and a verbal verification of one of the partners. Storage fees for current year and receipt of a Storage Agreement are required prior to acceptance of specimens. We must receive the form completed and a donor eligibility determination from your clinic with a summary of the screens and results. If exempt, we must have HIV-1 and -2 and HepB results for the couple.*