

Northwestern Fertility and Reproductive Medicine  
IVF and Andrology Laboratories  
259 E. Erie Street, 24<sup>th</sup> Floor Suite 2400 Chicago, IL 60611  
Telephone (312) 695-1364 Fax (312) 472-0226  
Email: FRMMedRecs@nm.org Attn: Sofie

**RELEASE OF CRYOPRESERVED SEMEN**

I \_\_\_\_\_, request that my specimen(s) currently stored at  
**Print first and last name** **DOB**  
Northwestern Medicine Group – Fertility and Reproductive Medicine (NMG/FRM) be transferred to the following facility:

Contact Person: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_  
Phone and Fax #'s: \_\_\_\_\_

**Please circle your choice of transportation arrangements...**

1. I or my partner: \_\_\_\_\_ will personally pick up the semen(s) and transport them to the intended destination arranging our own shipping equipment; OR
2. I or my partner: \_\_\_\_\_ will personally pick up the semen(s) and transport them to the intended destination, using NMG/FRM's shipping equipment and agree to pay \$100.00 & \$500.00 deposit prior to pick up;
3. I authorize NMG/FRM designated employees to ship the semen to the intended destination named above, using NMG/FRM's shipping equipment. I agree to pay \$100.00 & provide credit card information for Fed Ex charges of shipping and the return of NMFF's tank;  
CC info: \_\_\_\_\_ Expires \_\_\_\_\_ OR
4. I will ask NMG/FRM's employees to ship the semen(s) to the intended destination. We will provide suitable shipping equipment.

A \$500.00 deposit will be required using NMG/FRM's tank and refunded upon return of NMG/FRM's tank. Pt's initials \_\_\_\_\_. If I choose to use NMG/FRM's shipping equipment, I am responsible for its prompt return to NMG/FRM and for its loss or damages. I understand that NMG/FRM employees will take every reasonable effort to ensure safe transportation of our semen(s). However, NMG/FRM or its employees will not responsible for whatever that may happen to the semen(s) after they leave NMG/FRM's cryopreservation facilities

To schedule your semen transfer call the lab @ 312-695-1364 Monday thru Friday 8a-4p. All requests require 2-3 days' notice to prepare paperwork and/or prep the tank. Pick-up and/or shipping are done Monday thru Thursday.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
**Print full name and last 4 digits of SSN**

Patient's Signature: \_\_\_\_\_

**In order for this Consent to be valid it MUST be notarized below OR attach a photocopy of a Government Issue valid picture ID.**

**To be completed by Notary Public**

Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Notary Seal

City & State: \_\_\_\_\_

Received by Laboratory Personnel: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials)