Northwestern Medicine®
Fertility and Reproductive Medicine

IVF and Andrology Laboratories
259 East Erie Street, Suite 2400, Chicago, IL 60611
Tel. 312.695.1364 Fax 312.472.0226
Email: FRMMedRecs@nm.org
Attn: Sofie

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

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

<u>Please circle your choice of transportation arrangements</u>

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 FedEx charges of shipping and the return of NMG'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. Patient'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 be 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 at 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 <u>MUST</u> be notarized below OR attach a photocopy of a Government Issue valid picture ID.

<u>To be completed by Notary Public</u>

Print Full Name: _____________________________ Date: __________________

Notary Signature: ____________________________________ Notary Seal

City & State: __________________________________

Received by Laboratory Personnel: ________________ Date: __________________
(Initials)