

**ALTERNATE CONTACT / RESPONSIBLE PARTY FORM For GAMETE
CRYOPRESERVATION CONSENT**

I, _____, agree to be an alternate contact and to assume responsibility for the Cryo- preserved Material, stored at the Heartland Fertility and Gynecology Clinic ("Heartland"), that belongs to _____, in the event that he/she is unable to due to illness. I agree to notify Heartland in the event of his/her death.

I acknowledge that I have read and understand my responsibilities as indicated in section 5 of the GAMETE CRYOPRESERVATION CONSENT FORM.

DATED on this _____ day of _____, 20_____

SIGNED, _____

Name

Witness

Address

City, Province

Phone number

