

**Consent for Transfer of Frozen Embryos**

We, \_\_\_\_\_ and \_\_\_\_\_  
hereby agree to transfer \_\_\_\_\_ frozen embryos stored at Heartland Fertility & Gynecology  
Clinic (Heartland) to \_\_\_\_\_.

We agree to reimburse \_\_\_\_\_ for the transport costs of the  
aforementioned frozen embryos.

We will not hold Heartland responsible for the accidental loss or destruction of our frozen  
embryos.

We consent to the transfer of frozen embryos and have executed this consent and Schedule "A"  
attached hereto for that purpose.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS