

Chart# _____/_____

Consent for Transfer of Sperm

I, _____, do hereby request the transfer of my frozen sperm samples currently stored at Heartland Fertility & Gynecology Clinic (Heartland) to _____.

I agree to reimburse Heartland for the transport costs of the aforementioned sperm samples. I will not hold Heartland responsible for the accidental loss or destruction of my frozen sperm samples.

I consent to the transfer of my frozen sperm and have executed this consent and Schedule "A" attached hereto for that purpose.

Signed this _____ day of _____, 20_____.

SIGNATURE

SIGNATURE

WITNESS

WITNESS