

Chart# _____ / _____

Consent for Transfer of Donor Sperm

I/We _____ & _____, do hereby request the transfer of _____ units Donor sperm # _____ currently stored at Heartland Fertility & Gynecology Clinic (Heartland) to _____.

I/We agree to reimburse Heartland for the transport costs of the aforementioned sperm samples if applicable.

I/We will not hold Heartland responsible for the accidental loss or destruction of my/our frozen sperm samples.

I/We 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