

Donor Sperm Transfer and Storage Consent

I/We, _____, do hereby consent to the transfer and storage of my/our DONOR sperm from _____ to Heartland Fertility & Gynecology Clinic (Heartland).

PATIENT'S COVENANTS

1. Provision of Information

As long as I/we have Donor sperm in storage at Heartland, I/we hereby agree to contact Heartland at least annually to provide current information indicating my address, telephone number, and intention regarding my Donor sperm.

Failure to:

- (i) contact Heartland for a period of twelve months;
- (ii) respond to a request for information from Heartland within 90 days of receipt;
- (iii) provide a new address or forwarding address where mail is returned to Heartland as undelivered, shall constitute abandonment and signify my/our desire to terminate storage of Donor sperm.

2. Payment of Fees

I/we understand that I/we am responsible for the costs of transferring and storage of my/our Donor sperm. Payment of storage fees is due at the beginning of each annual storage interval. I/we understand these fees are nonrefundable and are not subject to prorated adjustment for partial storage intervals.

Should the yearly fee for storage of my/our Donor sperm remain unpaid for a period of one year after the first invoice is forwarded to my/our address as it is listed in the clinical records at Heartland, Heartland can conclude that I/we am no longer interested in storing these specimen(s).

3. Failure to Provide Information or Pay Fees

In the event of my/our failure to contact Heartland or to pay storage fees as set out in sections 1 and 2 above, I/we understand that the Donor sperm samples will become the property of Heartland.

4. Death

I/We acknowledge and confirm that in the event of my death:

Please write yes or no as indicated and initial beside the applicable option to confirm your instructions

- | | |
|--|----------|
| | Initials |
| • Donor Sperm will belong to my partner (co-signer) (yes/no) ____ | _____ |
| • Donor sperm will become the property of Heartland (yes/no)____ | _____ |
| or | |
| • Accept written notification of the terms of my will by the executor and follow my wishes as set out in the will. (yes/no)_ | _____ |

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Initials: _____

5. Release

I/we agree to absolve, release, indemnify, protect and hold harmless Heartland, its officers, directors, agents and employees, from any and all liability, however remote, resulting from the transferring and storage of my/our Donor sperm, including but not limited to the loss or destruction of my/our Donor sperm and/or the birth of a physically or mentally abnormal child.

6. Consent

I/we understand and accept the conditions, risks and limitations of sperm transfer and storage. In signing this document. I/we hereby request and consent to the transfer and storage of my sperm to Heartland.

I am eighteen (18) years of age or older.

Signed this _____ day of _____, _____

SIGNATURE

SIGNATURE

WITNESS

WITNESS