

### CONSENT TO EXPORT FROM CRGW (CENTRE NO. 0316)

#### FOR PATIENT TO COMPLETE:

Patient Name: Date of birth Address:
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Partner Name (if applicable): Date of birth Address:
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I/We wish to move:

eggs / sperm / embryos (delete or circle as necessary)

Number of sample(s) to be transferred: .....

To Centre name and number (if number known): .....

I/We acknowledge that CRGW is not responsible for the safety of any cell(s) during transfer and that CRGW cease to have any legal responsibility once they have been moved into the shipment container for transport.

I/We give our consent to CRGW contacting the receiving clinic by the most appropriate means possible with my/our personal details to arrange the export (this includes email/fax/phone etc.).

I/We also consent to being contacted by CRGW via email (if required) to make necessary arrangements for the export.

I/We acknowledge that there is an admin fee for exports of gametes/embryos to another clinic.

I/We are also aware that there is an additional fee if we opt to hire CRGW's shipper to move gametes/embryos.

If using a courier it is your responsibility to make contact and payment direct to the chosen courier and by signing this form you agree to CRGW communicating with your chosen courier as and when necessary.

I/We acknowledge that a mutually convenient date will be arranged for transport that suits all parties that involved.

Patient Name:		Date:	
Signature:		Time:	

Partner Name (if applicable):		Date:	
Signature:		Time:	