



**Columbia University** 5 Columbus Circle PH Floor New York NY 10019

## **Release of Liability Waiver**

- ☐ OOCYTES # for transport: \_\_\_\_\_
- ☐ EMBRYOS # for transport: \_\_\_\_\_
- ☐ CLIENT DEPOSITOR # for transport: \_\_\_\_\_
- ☐ DONOR (anonymous OR directed) # for transport: \_\_\_\_\_

**Materials coming from / going to (Program or Cryobank)?:** \_\_\_\_\_

**Contact person name, phone / fax / email:** \_\_\_\_\_

- I/we understand that there are certain risks to transportation of cryopreserved materials. I am /we are assuming all of these risks in requesting the transport of my/our cryopreserved material. CUFC cannot be held responsible for the condition or survival of the cryopreserved material when thawed.
- I/we understand this consent must be notarized **before** the transport can be scheduled.
- I/we understand that I/we are responsible for all cost associated with this transport. There is also an intake fee and storage fee for all transports TO CUFC. For all transports FROM CUFC there is a \$200. Administrative fee and my account must be cleared with the billing department to transport out.

**Patient Print Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTARY** State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person who executed the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

\_\_\_\_\_  
Notary Public Signature and Seal

**Partner (if applicable) Print Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTARY** State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person who executed the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

\_\_\_\_\_  
Notary Public Signature and Seal

## **CUFC Personnel use only**

Witnessed by: Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Identification Used \_\_\_\_\_ Expiration Date \_\_\_\_\_

Tissue Bank Director: \_\_\_\_\_ Date: \_\_\_\_\_