



**ART Institute of Washington, Inc.  
at Walter Reed National Military Medical Center**

**CONSENT TO SHIP/STORE CRYOPRESERVED SPECIMEN(S)**

This form constitutes consent for shipment, storage and agreed upon use of any cryopreserved specimen(s) received by the ART Institute of Washington, Inc. (hereafter referred to as the Institute).

Patient and Partner name(s) (if applicable) (Please Print)	Date of Birth

Type of Specimen (Please Circle One): **EMBRYO(S)** / **SPERM**

You will provide instructions for the handling/processing of your cryopreserved specimen(s). In addition, you will arrange for transportation of the cryopreserved specimen(s) from this facility to the Institute (must be shipped Priority Overnight). Please be advised that transfer involves a Laboratory Administrative Fee. Please also understand that there is a yearly storage fee that will be due after your first 90 days of storage at the Institute. No exceptions will be made.

Based on your request, the Institute has agreed to accept your specimen into our facility so that it may be used in procedures intended to help you achieve your reproductive goals. The Institute agrees to be available to receive your cryopreserved sample when it is shipped (at an agreed upon time). You agree to inform the Institute of anticipated arrival date and time (leave a message at 301-400-2149) for each separate shipment.

Please be advised that the transfer of cryopreserved samples entails certain RISKS to the specimen(s) and that if the specimen(s) are exposed to extreme temperature fluctuations during transfer it may be damaged or destroyed. You agree to accept any and all risks involved in the transfer of your specimen(s), and hereby release the Institute and any of their agents, employees, representatives and associated physicians from any and all responsibility for the safety and integrity of the cryopreserved specimen(s) during transport to the Institute. Please be aware that the Institute makes no guarantee as to the viability of your cryopreserved samples upon arrival or to the achievement of your reproductive goals.

If any of your specimens remain at the Institute after the completion of a procedure then these specimens will remain in storage until a written, notarized disposition consent form has been received. If you ship your specimen to our facility and then never complete a procedure then these specimens will remain in storage until a written, notarized disposition consent form has been received. This consent form can only be obtained by contacting our Business Manager, Mrs. Leslie Strothers at 301-400-2143 or [Leslie.Strothers.ctr@mail.mil](mailto:Leslie.Strothers.ctr@mail.mil) or our Lab Director, Dr. Aidita James at 301-400-2149 or [Aida.James.ctr@mail.mil](mailto:Aida.James.ctr@mail.mil). Information on the current fees can be obtained from Mrs. Strothers.

We have carefully read this agreement and fully understand its contents. By signing, we agree to and acknowledge the above consent.

Patient	Date
Partner (if applicable)	Date
Received by (ART Staff)	Date