



CRYOSTORAGE AGREEMENT

This form must be completed by the owner(s) of material to be cryobanked at AART prior to its cryopreservation at, or shipment to, AART. For gametes (sperm or eggs) the owner is either the individual who produced them or the owner of donor gametes; for embryos it is the couple whose gametes were used to create them.

I / we, _____ & _____ [name(s) of owner(s)], of
_____ [address]

hereby request that Atlantic Assisted Reproductive Therapies (AART) cryogenically store my _____
[write in the type of specimen to be cryobanked], the "material", for my sole / our joint benefit.

I / we agree that:

1. AART will store this material, and produce it upon my / our demand, and on the demand of no other person(s).
2. I / we will not hold the physician, AART, Dalhousie University Department of Obstetrics & Gynaecology, or any of their employees, responsible for the failure of any specimen(s) to survive thawing, or if the cryogenic storage tank fails without warning.
3. I / we have the right to request, in writing, at any time, the destruction of this material, and AART shall destroy the cryobanked material promptly upon receipt of this request.
4. Prior to signing this agreement, I / we have been informed in writing that I / we can at any time withdraw my / our consent for use of this material. I / we understand that AART must have received this written notification prior to said use for it to be effective.
5. I / we will pay any storage fees requested by AART in order to preserve my / our rights to the cryobanked material.
6. I / we consent to the destruction of this material if payment for storage has lapsed for more than one (1) year.
7. It is my / our responsibility to inform AART of any change in address.
8. I / we understand that there are additional fees for thawing and preparing cryogenically banked material for use.

Dated at _____, this _____ day of _____, 20_____

Printed name: _____ Signed: _____

Printed name: _____ Signed: _____

Witness name: _____ Signed: _____

Two copies of this form must be completed; the original must be retained at AART and the other copy retained by the patients.