

# Tank Rental Request to Transfer Cryopreserved Specimens

## CryoGam Colorado LLC

2216 Hoffman Dr. Unit B  
Loveland, CO 80538  
800-473-9601

The following information must be completed in order for us to facilitate the transfer of your cryopreserved specimens from one facility to another facility.

### **SHIPMENT INFORMATION**

#### **Patient Information:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

#### **Laboratory #1 (this is the facility that is currently storing your cryopreserved specimens)**

Name of Receiving Facility: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

#### **Laboratory #2 (this is the facility that you want your cryopreserved specimens transferred to)**

Name of Receiving Facility: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

#### **Please answer the following questions regarding the transfer of the specimens:**

1. Requested date of shipment of LN2 Tank to Laboratory #1: \_\_\_\_\_

*Please note that CryoGam only guarantees the LN2 tank will hold for 6 days from the day we ship it. Therefore, we recommend that the LN2 tank be shipped on a Monday to help ensure the transfer is completed prior to the weekend.*

2. Type of specimens being transferred:     Sperm         Embryos         Oocytes

### **ACKNOWLEDGEMENT AND CONSENT**

*I understand and acknowledge the following:*

1. It is my responsibility to arrange the transfer of the specimen(s) with both CryoGam and the Receiving Facility.
2. It is my responsibility to contact the Receiving Facility with information regarding the delivery of the specimen(s).
3. I acknowledge that I am financially responsible for all costs associated with the transport and transfer of the specimen(s).
4. I acknowledge that CryoGam will not be held responsible for loss or damage that may occur to the specimen(s) and cannot be held responsible for specimen quality and condition upon arrival at the Receiving Facility.

By signing below I acknowledge that I have provided accurate shipping information and that I have read and understand the above statements of understanding.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**For CryoGam Use Only:**    Received By: \_\_\_\_\_        Date: \_\_\_\_\_