



## REQUEST FOR TRANSFER OF FROZEN SPERM

I hereby authorise the Andrology Unit of The Royal Women's Hospital to arrange the transfer (please indicate *one*;) **all** / \_\_\_\_\_ **(number)** frozen sperm straws/vials.

PATIENT INFORMATION			
FIRST NAME			
LAST NAME			
DATE OF BIRTH		MOBILE NUMBER	
ADDRESS			
SUBURB		POSTCODE	
EMAIL			

TRANSFERRING FROZEN SAMPLES FROM:			
CLINIC NAME			
CLINIC ADDRESS			
CONTACT NAME		CONTACT NUMBER	

TRANSFERRING FROZEN SAMPLES TO:			
CLINIC NAME			
CLINIC ADDRESS			
CONTACT NAME		CONTACT NUMBER	

AUTHORISATION			
<p><b>In making this request I absolve The Royal Women's Hospital and any of its Servants and Agents, and particularly the staff of the Andrology Unit, of any liability for loss of, or damage to my sperm during the transfer process. I also agree to pay for the cost of the transfer of my sperm.</b></p>			
SIGNED		DATE	
WITNESS		DATE	
WITNESS FULL NAME			