



# The Center for Reproductive Health.

2410 Patterson Street Suite 401 ♦ Nashville ♦ TN ♦ 37203 ♦ Voice: (615) 321-8899 ♦ FAX: (615) 321-8877

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## Embryo Adoption (Third Party) Self-Pay Fee: \$5,000.00

The Center for Reproductive Health is dedicated to providing state of the art assisted reproductive technologies to our patients at an affordable cost. For patients who do not have Infertility coverage we have developed a flat rate fee package and offer several financing options, these options can be discussed during your consultation with our Financial Counselor.

### INCLUDED SERVICES

**The Center for Reproductive Health/ AEAA:** Embryo Adoption Agency Fee (1 Embryo), Lab Prep for Embryo Transfer, Lab Test for Genetic Parents (NAT Testing), Embryo Adoption Coordination Fee, Embryo Storage and Maintenance

### EXCLUDED SERVICES

- Pre-Genetic Chromosomal Screening, Gender Selection, Mitograde \$3,200.00
- Additional Embryo(s) \$5,000.00

**Excluded Service:**

Shipping of the Embryo to your clinic Contact Cryoport  
Request a quote online at:  
<http://www.cryoport.com/request-a-quote> (949) 232-1900

**\*\*Please note, you will be responsible for scheduling the shipment of your embryos to your treating clinic. We typically use a Third Party Provider called Cryoport for our shipping needs. The receiving facility may also have other means of shipment for you to utilize. Please have the shipping agency contact us directly to schedule a time for pick up at (615) 321-8899. We do require a transfer out form to be completed, signed, notarized, and returned back to us before we can release the embryos to the shipping company.\*\***

### Disclaimer:

**\*\*Fees for the above services are collected at the time of your reservation/selection. CRH is not responsible for the care of the selected embryos once they leave our lab. The thaw protocol, any genetic test results, and the embryologist report will be provided to your receiving clinic and the Receiving Clinic's Embryologist is responsible for following the thaw protocol outlined. We accept no responsibility for the care of your embryos once the receiving clinic has signed for them.\*\***

**By Signing below I acknowledge that I have read and understand all the guidelines and fees listed above. I understand my patient responsibility and accept all the terms of this fee quote.**

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Patient Signature

Date

Witness Signature

Date