



**Request Form**

**Request to Release Medical Information to Affordable IVF** .....  
(Date)

I/We..... (female partner) D.O.B.....  
and ..... (partner) D.O.B.....  
of .....  
(address)

Contact Numbers: .....  
give

.....  
(Please print previous Fertility Doctor and Clinic name and phone number)  
.....

permission to release any information pertaining to any treatment that I/we have had with them.

This includes releasing the following:

- Screening tests such as Hepatitis B, Hepatitis C, Syphilis and HIV 1 and 2, chromosome analysis, cystic fibrosis analysis
- Anti Mullerian Hormone (AMH)
- Counseling reports (if applicable),
- Semen analysis/Trail wash reports
- Embryology reports
- Cycle summary reports and any other relevant information

We as that the information is released to:

.....  
**Affordable IVF**  
**89 Blackall Terrace**  
**NAMBOUR QLD 4560**

**Signature of Female Partner** ..... **Date:** .....

**Name Printed** .....

**Signature of Witness** ..... **Date:** .....  
(\*Witness must be an Affordable IVF staff member or a Justice of the Peace)

**Name Printed** .....

**Signature of Partner** ..... **Date:** .....

**Name Printed** .....

**Signature of Witness** ..... **Date:** .....  
(\*Witness must be an Affordable IVF staff member or a Justice of the Peace)

**PLEASE RETURN THIS REQUEST TO AFFORDABLE IVF WHO WILL FORWARD IT TO YOUR PREVIOUS DOCTOR-CLINIC ON YOUR BEHALF**