Center for Reproductive Health & Gynecology

CRYOPRESERVED EMBRYO/SPERM DISPOSITION CONSENT

I _____ and _____ understand that this **NOTARIZED CONSENT** gives the embryology team and physicians with the Center for Reproductive Health & Gynecology (CRH&G) permission to follow instructions regarding any **embryo(s)/sperm** currently cryopreserved as indicated below. **Please initial your choice.**

I/We have been advised that we should take the opportunity to consult with our own legal counsel, physician, psychologist and IVF Coordinator if I/We wish to discuss this matter prior to making a decision.

I/We have considered all the information provided us and have decided to relinquish all rights to the embryo(s)/sperm and elect the following disposition (**both must initial the choice**).

I/We wish to have the ____/____ **Embryo(s)/____/____ Sperm** thawed out and discarded. **I/WE UNDERSTAND THAT THIS DECISION IS IRREVERSIBLE. NO EMBRYO(S)/SPERM WILL REMAIN FOR FUTURE USE.**

I/We wish to donate the ____/____ **Embryo(s)/____/____ Sperm** for use to another couple. I/We relinquish all parental rights, duties and responsibilities with respect to any resulting children. The attending physician at the Center for Reproductive Health & Gynecology will choose the recipient.

I/We wish to donate the ____/____ **Embryo(s)/____/____ Sperm** to be used for research. I/We understand that the embryo(s)/sperm will no longer be available for our own use to establish a pregnancy. **CHILDREN WILL NOT RESULT FROM THIS RESEARCH.**

_____ NOTE: I am discarding purchased "anonymous donated" semen.

_____ _____

Patient's Signature Date Partner's Signature Date

NOTARY **NOTARY**

"Notary is only validating signatures and information above"

FOR LABORATORY USE ONLY:

Embryo(s)/Sperm to be destroyed are identified as:

Vial/Straw Label	# With Label	Facility frozen at:
_____	_____	_____
_____	_____	_____

TOTAL CRYOPRESERVED EMBRYO(S)/SPERM DISPOSED: _____

Disposition Received By:_____

Embryologist (CRH&G):_____ Date: _____ Witness Signature:_____ Date: _____

THIS FORM MUST BE "NOTARIZED" TO BE VALID