

COOPER CENTER FOR IN VITRO FERTILATION

8002 Greentree Commons, Marlton, NJ 08053

EMBRYO DISPOSTION CONSENT

**YOU ARE REQUIRED TO RETURN THIS CONSENT,
SIGNED AND NOTARIZED,
BY THE DAY OF YOUR EMBRYO TRANSFER**

Please read this consent carefully, and choose an option for each section.
Get your signatures notarized. We have notaries available in the New Jersey office on many days for your convenience—you can schedule an appointment with one by calling ahead of time. If both partners are present, you may also sign in front of a CCIVF staff member on the day of your procedure.

Print Name: _____
(Patient)

(Partner)

EMBRYO DISPOSITION

We consent to the use (approved research) and subsequent disposal of eggs or embryo(s) that are judged to be not viable or not growing normally, unfertilized eggs, and/or eggs fertilized by too many sperm. In addition, we consent to the disposal of or use of other cells, body tissue and fluids that may have been obtained during the IVF process for research purposes.

We understand and accept that we also have the following choices as to the final outcome and placement of our potentially viable embryos that are not used (surplus embryos) in our IVF therapy. We authorize the CCIVF physicians and/or staff involved in this procedure to: (select only one choice), signatures must be notarized if not signed in the presence of a CCIVF staff member.

Option # 1 Freeze (cryopreserve) the embryos for our use at a future time.

We select option #1

Patient

Partner

Witness/Notary

Option # 2 Donate the embryos to other infertile women or couple(s), or donate for reasearch. (see "options for Donation Disposal" section that follows). We recognize that donated embryos will be frozen for storage. This option is only possible if we complete additional medical and genetic screening.

We select option #2

Patient

Partner

Witness/Notary

Several options for disposal of unused frozen embryos are described below.

We understand and agree that frozen fertilized eggs and/or embryos will be stored by CCIVF for a maximum of five years. The storage fee for the first six months of storage will be due at the time of egg retrieval. We also understand that after the initial six-month storage period, we will be required to pay the storage fee for the next six-(6) months in advance and at six-(6) month intervals thereafter. Such fees are non-refundable in whole or in part. We agree to pay any storage fees as such fees become due.

We agree to immediately update CCIVF should our address change and agree that our failure to maintain a current address with CCIVF and /or the inability of CCIVF to collect annual storage fees will signify our desire to terminate storage of frozen embryos. We agree to immediately update CCIVF should our relationship status change (divorce, separation etc.). In such an event, or following the fifth anniversary of cryopreservation, whichever comes first, the frozen embryos will be disposed of in the manner we have indicated in the following section.

Patient Initials _____
Partners Initials _____
Witness Initials _____
Date _____

THREE OPTIONS FOR DONATION OR DISPOSAL OF EXCESS FROZEN EMBRYOS

Should the yearly fee for storage of your frozen embryo(s) remain unpaid for a period of 1 year after numerous attempts are made by both mail and telephone to the address and phone number listed in our clinical records at CCIVF the CCIVF can determine that we are no longer interested in storing these specimen(s). CCIVF may dispose of all of our frozen embryos in the manner we have indicated below.

In the event that either of the above mentioned situations occur, we hereby instruct and authorize CCIVF to dispose of any frozen embryos as follows (Only one choice may be selected and that selection must be signed by both Patient and Partner). The signatures of Patient and Partner must be notarized if not signed in the presence of a CCIVF staff member.

Option # 1 We wish to donate the frozen Embryos to CCIVF to offer the embryos for anonymous adoption by another couple or person. It is understood that if we select this option we waive any right and relinquish any claim to the donated embryos or any pregnancy or offspring that might result from them. We agree that any recipient receiving embryos that we have donated to CCIVF may regard the donated embryos and any offspring resulting therefrom as her/their own children. If no adoptive person is found, CCIVF at its discretion is authorized to thaw and dispose of the embryos in any manner deemed appropriate by CCIVF.

We choose option # 1 _____
Patient Partner Notary Public/Witness

Option # 2 We wish to donate the frozen Embryos to CCIVF to offer the embryos for research. It is understood that if we select this option we waive any right and relinquish any claim to the donated embryos. This study will be for the advancement of the science of embryology or medical science. The embryos will not be maintained for more than 7 days.

We choose option # 2 _____
Patient Partner Notary Public/Witness

Option # 3 We wish to thaw and discard the frozen embryos in any manner deemed appropriate by the Cooper Center for IVF.

We choose option # 3 _____
Patient Partner Notary Public/Witness

In the case of one of the circumstances listed below, we instruct CCIVF to conduct disposition of any and all remaining frozen embryos based on our current wishes. Our initials indicate our wishes regarding each of the following situations. Only one choice may be selected per situation and both Patient and Partner must sign that selection. The signatures of Patient and Partner must be notarized if not signed in the presence of a CCIVF staff member. PLEASE BE ADVISED THAT THESE ARE NOT FINAL DECISIONS. THEY CAN BE CHANGED IN WRITING WITH NOTARIZED SIGNATURES AT ANY TIME.

Situation # 1 Patient's (Woman's) Death

A. Disposition of embryos to be determined by Partner (this may include anonymous donation).

We choose option A. _____
Patient Partner Notary Public/Witness

B. Disposal of the embryos in any manner deemed appropriate by CCIVF.

We choose option B. _____
Patient Partner Notary Public/Witness

Situation #2 Partner's (Man's) Death

A. Disposition of embryos to be determined by Patient (this may include anonymous donation).

We choose option A. _____
Patient Partner Notary Public/Witness

B. Disposal of the embryos in any manner deemed appropriate by CCIVF

We choose option B. _____
Patient Partner Notary Public/Witness

Situation #3 Divorce or End to the Relationship (in the case of non-marriage).

A. Disposition of embryos to be determined by Patient (this may include anonymous donation).

We choose option A. _____
Patient Partner Notary Public/Witness

B. Disposition of embryos to be determined by Partner (this may include anonymous donation).

We choose option B. _____
Patient Partner Notary Public/Witness

C. Disposal of the embryos in any manner deemed appropriate by CCIVF

We choose option C. _____
Patient Partner Notary Public/Witness