

**Disposition of Frozen Embryos
Currently Stored at the Family Fertility Center**

1. Background

On or about _____ (date), _____ and _____ (name(s) of parties requesting IVF treatment) requested _____ (name of clinic and treating physician) at _____ (address of clinic) to perform in vitro fertilization using:

- a. Oocyte or eggs extracted from _____, and
- b. Sperm obtained from _____,
- c. Eggs named in Section 1.a. and sperm named in Section 1.b. were fertilized in the laboratory using _____ (conventional IVF or ICSI)
- d. All the excess fertilized embryos described in Section 1.c above that were not transferred in the fresh cycle were frozen and currently stored at the Family Fertility Center at 95 Highland Avenue, Suite #100, Bethlehem, PA 18017, U.S.A.

2. Name(s) of Party/Parties

A. Couple

We, _____ and _____ of _____ County, City of _____ in the state of _____ are both over the age of twenty-one years and the legal joint-owners of these frozen embryos as named in Section 1.d.

B. Individual

I, _____ of _____ County, City of _____ in the state of _____ am over the age of twenty-one years and the legal sole-owner of these frozen embryos as named in Section 1.d.

3. Disposition of frozen embryos

A total of _____ (number) frozen embryos are presently in storage at the Family Fertility Center (FFC). Options regarding the disposition of these frozen embryos include continue storage of these embryos upon payment of an annual storage fee; transfer these embryos to another facility; destroy and discard all of the embryos; donate these embryos to FFC for the sole purpose of laboratory quality control or donate these embryos to anonymous recipient(s) at FFC for reproductive purpose.

Initials _____ and _____

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I/We hereby give my/our consent and authorization to Dr. H. Christina Lee and the Family Fertility Center to dispose these embryos in the manner as specified below:

(Check **ONE** box for your choice of disposition and mark initial(s) of all parties next to the box.)

_____ transfer these embryos to another facility (name and address of facility) _____ for

- frozen embryo transfer,
- long-term storage,
- scientific research,
- designated recipient(s) for reproductive purpose*,

(name(s) of recipient(s),

or

other purpose _____.

I/We understand and accept that I/We am/are responsible to execute all necessary documents required by the receiving facility and send copies of such documents to FFC expeditiously so the transfer can be completed in a timely fashion or shall/will incur additional charges for storage at FFC.

_____ destroy and discard all frozen embryos immediately.

_____ donate all frozen embryos to FFC for the sole purpose of laboratory quality control. I/We understand that under no circumstance will the frozen embryo(s) be used for reproductive purpose.

_____ donate all frozen embryos to FFC to anonymous recipient(s) for reproductive purpose*. The purpose of donating my/our Embryos is to assist one or more women in achieving a pregnancy.

Initials _____ and _____

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***A separate document titled: Consent to Embryo Donation for Reproductive Purpose must be executed after it is thoroughly reviewed by ALL owners of the frozen embryo(s).**

4. Acknowledgement

I/We have had the opportunity to read and ask questions about the contents of this document. I/We understand the information provided and specifically the different options to dispose my/our frozen embryo(s). My/Our questions have been answered to my/our satisfaction. I/We execute this consent form freely and voluntarily. I/We have not relied on any inducements, promises, or representations made by Dr. H. Christina Lee, the Family Fertility Center or its staff. By my/our signature(s) below, I/we am/are consenting to the disposition of my/our frozen embryo(s) as indicated in Section 3 of this document. Absent an order by a court of law, this agreement and authorization shall be binding and irrevocable.

Note: this consent form must be signed by ALL legal owners of the frozen embryos. For verification purposes, please attach copies of legal photo ID for each signature.

Print name of legal owner of frozen embryo(s)	Signature	Date
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Print name of legal owner of frozen embryo(s)	Signature	Date
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Print name of witness	Signature	Date
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Initials _____ and _____