

CONSENT TO EMBRYO DONATION FOR REPRODUCTIVE PURPOSE

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. A total of _____ (number) embryos were frozen (hereafter Embryos) and are currently stored at _____ (name of facility where embryos are stored).
- e. _____ and _____ (name(s) of owner(s)) is/are the owners of these frozen embryos.

2. Disposition of Embryos

I/We have been advised of the different options regarding the disposition of these Embryos at any time after they are placed in storage in a frozen state. They include but not limited to:

- A. continue storage of the Embryos at the Family Fertility Center for a maximum period of one year upon payment of an annual storage fee,
- B. transfer the Embryos to another facility for any purpose,
- C. destroy and discard all the Embryos,
- D. donate the Embryos to FFC for the sole purpose of laboratory quality control,
- E. donate the Embryos to FFC for reproductive use by directed or anonymous recipient(s), or
- F. reproductive use by one partner with the contemporaneous permission of the other for that use.

3. Party/Parties requesting embryo donation for reproductive purpose

A. Couple

We, _____ and _____ of _____ County, City of _____ in the state of _____ are _____ (husband and wife or domestic partners) and are over the age of twenty-one years and the legal joint owners of the Embryos as named in Section 1.d.. We have been advised of different options regarding the disposition of our frozen embryos as outlined in Section 2 above. We hereby give our mutual consent and authorization to Dr. H. Christina Lee and the Family Fertility Center to donate the Embryos named in Section 1.d to another individual(s)/couple(s) for reproductive purpose.

Initials _____ / _____

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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 the Embryos as named in Section 1.d.. I hereby give my consent and authorization to Dr. H. Christina Lee and the Family Fertility Center to donate the Embryos named in Section 1.d. to another individual(s)/couple(s) for reproductive purpose.

4. Nature of Embryo Donation

A. Timing of Embryo Donation

My/Our consent and authorization to Dr. H. Christina Lee and the Family Fertility Center to donate the Embryos named in Section 1.d. becomes effective when:

(Check ONE box for your choice of when the embryo donation becomes effective, date and mark initial(s) of all parties next to the box.)

_____ I/we decide not to attempt to conceive with these Embryos for any reason.

_____ I/we unexpectedly die* while these Embryos are in storage at the Family Fertility Center. I/We agree to properly execute a will specifying in writing my/our wishes on the disposition of any and all of the Embryos. The wishes spelled out in the will must be consistent with this consent form. Any and all discrepancies will be resolved by a court decree before any embryo donation can proceed.

*Family Fertility Center will not proceed with any embryo donation in this situation until a probate court has issued a final decree authorizing the donation of the Embryos.

B. Anonymous or Directed Embryo Donation

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

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

_____ donate all frozen embryos to FFC to **directed** recipient(s) for reproductive purpose.

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Name(s) of directed recipient(s)

5. Purpose of Embryo Donation

The purpose of donating the Embryos is to assist one or more women to achieve a pregnancy or pregnancies. Such a pregnancy may be extremely difficult or impossible for the recipient to achieve without the use of donated embryos. The process involves thawing one or more Embryos, identifying those that survive, and placing one or more Embryos into the uterus of one or more recipients in order to attempt to establish a pregnancy.

6. Limitation of Embryo Donation

Although the purpose of donation the Embryo(s) is to help another woman or women to achieve one or more pregnancy, there is no guarantee that a pregnancy will result from the transfer of my/our Embryos. I/We understand that the Embryos may not survive the shipping or thawing procedure, and/or those that survive the thaw may not develop and hence no transfer can occur. Furthermore a successful embryo transfer may not result in a successful pregnancy. I/We also acknowledge and accept that inadvertent loss or damage of the Embryos may occur.

7. Psychological Counseling for Embryo(s) Donor(s)

As a result of embryo donation, the embryo(s) donor(s) inadvertently or unknowingly establish a relationship with the recipient individual(s)/couple(s) and any offspring that may result from the donation. The American Society of Reproductive Medicine currently recommends and the Family Fertility Center concurs that individual/couples should undergo counseling PRIOR to a decision to donate any embryo. Although the Family Fertility Center does not require me/us to do so, I/we shall/will inform my/our physician if I/we desire such counseling. I/We can choose from a list of local licensed counselors. I/We understand the expense of such counseling will be my/our responsibility. I/We further acknowledge that there may be unknown psychological risks to me/us in connection with the embryo donation contemplated herein, and I/we agree to assume those risks.

8. Testing Before Embryo Donation

I/We understand that I/we shall/will be asked to have a physical examination and to give a blood sample to insure that I/we have not contracted certain infections, such as human immunodeficiency virus (HIV), hepatitis B, hepatitis C, syphilis, gonorrhea and chlamydia, that could potentially also be present in my/our Embryos. There is a small risk of complications from drawing blood, such as discomfort and infection. If any one of these tests is positive, my/our Embryos will be deemed ineligible for any donation.

9. Legal Issues Pertaining to Embryo Donation

I/We understand that in the state of Pennsylvania, there is no statute or case law that specifically addresses the legal rights and responsibilities of the embryo donor(s), the recipient(S) or any offspring(s)

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born as a result of these procedures. I/We acknowledge that I/we have been strongly advised to consult an attorney for further clarification of my/our legal concern.

A. Anonymous Embryo Donation

I/We accept and agree that my/our embryo donation will be anonymous and that I/we have no right to learn of the identity of the recipient(s). I/We further agree not to seek the identity of the recipient(s) of my/our donated Embryos. Conversely I/we understand that my/our identities will not be released to the recipient(s) except that I/we authorize the physician(s) at the Family Fertility Center to disclose pertinent biographic and other health information to the recipient(s) for the purpose of having a basic knowledge of the genetic heritage of her/their potential offspring(s).

I/We waive any rights to decision making regarding the use of the donated Embryo(s) once donated to the Family Fertility Center for the anonymous frozen embryo donation program. This includes decision making with respect to which recipient(s) will receive the donated Embryo(s), how many recipient(s) the donated Embryos will be transferred to, the number of Embryo(s) to be transferred to each recipient, what may be done with those Embryos which are not transferred to a recipient, i.e. whether they will be discarded or re-frozen to be transferred at a later date, as well as pregnancy termination in the event a pregnancy results from the Embryo(s).

I/We hereby agree, acknowledge and consent to relinquish any and all rights, titles, and interests to the Embryos(s) and any child or children that may result from the transfer of the Embryo(s).

I/We further agree, acknowledge and consent that any and all children resulting from the Embryos shall be the legal children of the recipient individual(s)/couple(s) for all intents and purposes. I/We agree to execute any other or further documentation and grant any other or further consents to the extent necessary or advisable in the future in order to effect the purpose of this agreement that such children be deemed the children of the recipient individual(s)/couple(s) under the law whether by statute, presumption, adoption, or such other methods that may be or may become available.

B. Directed Embryo Donation

Although the identity of the recipient individual/couple is known to the embryo donor(s) in a directed embryo donation, all the legal issues in anonymous embryo donation including the rights to decision making regarding the use of the Embryo(s) once donated to the recipient, and the rights and duties with respect to any child or children that may result from the transfer of the donated Embryo(s) apply in directed embryo donation. I/We have been strongly urged to consult a legal counsel to clarify any of my/our legal concern and to represent my/our legal interests **BEFORE** a decision to directed embryo donation.

10. Acknowledgement

Each party hereby agrees to irrevocably waive, release and relinquish any and all rights, claims or causes of action of any kind, whether known or unknown and whether now existing or occurring in the future, over and against the Family Fertility Center, the physician(s), and all employees and agrees to protect,

Initials _____ / _____

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defend, hold harmless and indemnify such parties from and against any and all expenses, claims, actions, liabilities, attorney’s fees, damages, losses, penalties, fines, and interest of any kind whatsoever (including without limiting the foregoing, death of or injury to persons or Embryos and damage to property) actually or allegedly resulting from or connected with the Embryos, the donation of the Embryos, the cryo-storage of the Embryos or any other matters contemplated in this agreement.

I/We have had the opportunity to read and to ask questions about the contents of this consent form titled: **CONSENT TO EMBRYO DONATION FOR REPRODUCTIVE PURPOSE**. My/Our questions have been answered to my/our satisfaction. I/We fully understand the information provided in this document as well as the consequences of donating my/our embryo(s) for reproductive purpose. 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, or its staff. By my/our signature(s) below, I/we am/are indicating my/our consent to donate my/our embryo(s) for reproductive purpose.

Note: This document must be signed in the presence of a notary public by ALL legal owners of the embryo(s) to be donated.

Print Name

Signature

Date

Print Name

Signature

Date

State of _____

County of _____

Sworn and subscribed to before me,

Date _____ **20** _____

Signature & Seal of Notary Public

State of _____

My commission expires _____

Initials _____ / _____