

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

On or about \_\_\_\_\_, I, \_\_\_\_\_,  
requested and authorized Dr. H. Christina Lee and the Family Fertility Center (FFC) to  
place in storage cryopreserved (frozen) oocytes from

(check the appropriate box(es))

- myself
- anonymous donor
- directed donor

I understand these frozen oocytes are/will be stored at the FFC for no more than a year. I  
further understand I am free to choose any one of the following options for disposition of  
my frozen oocytes upon the expiration of storage agreement with the FFC.

I, \_\_\_\_\_, hereby authorize Dr. H. Christina  
Lee, the Family Fertility Center and its staff to:

(check the appropriate box for your choice of disposition and initial next to the box)

- \_\_\_\_\_ destroy and discard all frozen oocytes, effective \_\_\_\_\_ (date).
- \_\_\_\_\_ donate all frozen oocytes to FFC for the sole purpose of laboratory quality  
control. I understand that under no circumstance will my sample be used for  
reproductive purpose, effective \_\_\_\_\_ (date).
- \_\_\_\_\_ transfer all frozen oocytes to another facility, effective \_\_\_\_\_ (date)  
I am solely responsible to execute all necessary documents from the receiving  
facility expeditiously. I agree to send copies of such documents to the FFC so  
the transfer can be completed.

I hereby agree that absent an order by a court of law, this agreement and authorization shall  
be binding and irrevocable.

**\*Please provide photocopy of both sides of driver's license for identification purposes.**

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<b>Print name of owner of frozen oocyte(s)</b>	<b>Signature</b>	<b>Date</b>
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The foregoing was read, discussed, and signed in my presence, and in my opinion the person signing did so  
freely and with full knowledge and understanding.

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<b>Print name of witness</b>	<b>Signature</b>	<b>Date</b>
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