FAMILY FERTILITY CENTER **www.familyfertility.com**
H. Christina Lee, M.D., J.D., H.C.L.D., F.A.C.O.G.
95 Highland Avenue, #100 Telephone (610) 868-8600
Bethlehem, PA 18017 Fax (610) 868-8700

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 embryo (s) is/ 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 consent form titled: Disposition of Frozen Embryos Currently Stored at the Family Fertility Center. My /Our questions have been answered to my/our satisfaction. I/We fully understand the information provided in this document. 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 indicating my/our consent to disposition of my/our frozen embryo(s) currently stored at the Family Fertility Center as indicated in Section 3 Disposition of Frozen Embryos of this document.

Print Name of Legal Owner of Frozen Embryo(s)	Signature	Date

Print Name of Legal Owner of Frozen Embryo(s)	Signature	Date

Signatures of all owners of the frozen embryos must be witnessed in the presence of either a notary public or a staff member at the Family Fertility Center.

State of_____

County of_____

Sworn and subscribed to before me,

Date_____**20**_____

Signature & Seal of Notary Public

State of_____

My commission expires_____

Initials _____and _____

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All owner(s) of the frozen embryo signed in my presence. Identity(ies) of the owner (s) was/were checked against government issued photo identification

_____

(Describe the exact nature of photo identification e.g. driver license, passport, etc.).

Copies of the photo identification documents were taken and attached to this document. In my opinion the individual/couple signing did so freely, and with full knowledge and understanding.

_____

Print Name of Witness Signature Date

Initials _____ and _____