

**CENTER FOR REPRODUCTIVE BIOLOGY OF INDIANA, LLC
AT METHODIST MEDICAL PLAZA NORTH
201 PENNSYLVANIA PARKWAY-STE 205, INDIANAPOLIS, IN 46280**

**DISPOSITION OF CRYOPRESERVED EMBRYOS
CONSENT FOR DISCARD OR RELEASE OF EMBRYOS**

We, _____ (Printed Name of Female), ____ / ____ / ____ (date of birth)
and _____ (Printed Name of Partner), ____ / ____ / ____ (date of birth)

acknowledge that we have embryos stored by the Center for Reproductive Biology as a result of a previous procedure.

RISKS OF CRYOPRESERVATION:

Further, we know there are risks associated with human fertilized oocyte cryopreservation, including possible failure of the equipment or mechanical support system during storage, possible damage to the fertilized oocytes during the freezing and thawing processes, and risks during the transfer to the female partner's uterus. There may be other unforeseeable risks which could occur despite all efforts of the program and its staff. The degrees of these risks are unknown at the present time.

GUARANTEE

We have been advised that there is no guarantee that our participation in the cryopreservation procedures will successfully result in pregnancy. The program is not obligated to proceed with an attempted embryo transfer procedure of any cryopreserved embryos if our physician believes that such a procedure would have medical risks that are unwarranted or which outweigh any possible benefit. We further understand that if a pregnancy does occur with the use of cryopreserved embryos, all the normal risks and complications of childbirth, including stillbirth, miscarriage, ectopic pregnancy, the birth of an abnormal child (or children), and other adverse consequences are possible. We have been advised that we should discuss any questions with our physician about the future disposition of the cryopreserved embryos.

CONSENT

*We understand that, at this time, we need to decide what to do with the extra embryo(s) that are currently being stored. We request that the Center for Reproductive Biology handle the currently stored extra embryo(s) in accordance with our wishes as follows (Both parties **must initial** the appropriate alternative):*

____ / ____ *Discard the currently stored embryos in accordance with laboratory procedures. We acknowledge*
(initials) *that this consent is effective the date the consent is appropriately signed and witnessed.*

____ / ____ *Release the currently stored embryos to the Center for Reproductive Biology for laboratory-based*
(initials) *research, such as technical advancements, after which time the embryos will be discarded in accordance with*
laboratory procedures.

[PLEASE NOTE: Amendments to this consent are not valid. If it is your intention to continue to store the cryopreserved embryos, you must complete a separate form, the "Consent for Continued Storage of Embryos", which includes an addendum that must be completed and notarized as part of the agreement for ongoing storage. If you did not receive this form with the annual information mailed to you concerning disposition of your cryopreserved embryos, please call the laboratory and request a copy of this consent.]

Signature of Female Partner

NAME PRINTED

Date

Signature of Male Partner

NAME PRINTED

Date

Signature of Program Witness

NAME PRINTED

Date

This consent document must be signed in the presence of a physician/program member on this page, or notarized by a Notary Public using the form printed on the reverse side of this document.

NOTARIZATION FORM FOR SIGNATURE OF FEMALE PARTNER

Printed Name of Female Partner: _____

Signature of Female Partner

Date

State of _____

County of _____ ss.

On this ____ day of _____, in the year 200__, before me, and personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged that she executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY SEAL

Signature of Notary Public
My Commission Expires: _____ (Date)

Name Printed

NOTARIZATION FORM FOR SIGNATURE OF MALE PARTNER

Printed Name of Male Partner: _____

Signature of Male Partner

Date

State of _____

County of _____ ss.

On this ____ day of _____, in the year 200__, before me, and personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY SEAL

Signature of Notary Public
My Commission Expires: _____ (Date)

Name Printed