



Consent for Disbursement of Cryopreserved Eggs/Embryos

I, _____, have chosen to discontinue with the storage of my cryopreserved eggs/embryos. I agree to allow my eggs/embryos to be released from my ownership. As a condition of relinquishing my rights, I am forfeiting any future financial responsibility, but I am responsible to pay any outstanding storage fees, and voluntarily renouncing any and all, present and future parental or otherwise rights. I am requesting that my frozen eggs/embryos are to be:

_____ thawed and destroyed.

_____ donated to DIRM for research purposes only, to further reproductive science success.

_____ donated to a couple that desires donated eggs/embryos. Our policy is that anonymity is always maintained; to this end the recipient couple will sign a consent waiving the disclosure of any identifying documents or information. According to ASRM Guidelines women 35 years of age and older and men 40 years of age and older at the time of the cryopreservation should not be considered as eligible donors.

I have read the foregoing and understand the legal ramifications attending this decision. I have been advised to seek independent counsel regarding the chosen choice. I had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I hereby sign this informed consent understanding all risks and ramifications associated with these therapeutic treatments. By executing this form I release all employees, physicians, representatives and all financial associates and holdings of the Delaware Institute for Reproductive Medicine of responsibility and liability.

*** Picture ID with signature for patient and partner must accompany this completed request form.***

Date: _____

Patient Name: _____ **Partner Name:** _____

Patient Signature: _____ **Partner Signature:** _____

Patient SS#: _____ - _____ - _____ **Partner SS#:** _____ - _____ - _____

Witness Name: _____ **Witness Signature:** _____

OFFICE USE

ID type of patient with contractual control: ^{circle} Picture ID or Other: _____
 Copy attached: ^{circle} Yes or No Billing / Inventory Updated: ^{circle} Yes or No
 DIRM Representative Initials: _____