

CONSENT TO DISCARD FROZEN EMBRYOS

I/We request that some or all of our cryopreserved (frozen) embryos no longer be stored at Ohio Reproductive Medicine. I/We request that the embryos be thawed in the laboratory in a manner that will render them non-viable.

If you are currently expecting, Ohio Reproductive Medicine recommends that you **not** discard your frozen embryos until after the birth of your baby. If you have any questions, please contact your physician.

Our instructions are as follows:

I. Choose one of the two options below regarding the number of embryos to be discarded:

- a. I/We desire that **ALL** of my/our embryos stored at Ohio Reproductive Medicine be discarded.

Patient's Initials

Partner's Initials (if applicable)

- b. I/We desire that **ONLY** the following embryos be discarded:

Date of Freeze _ _____ Embryo Number(s) _____

Date of Freeze _ _____ Embryo Number(s) _____

Date of Freeze _ _____ Embryo Number(s) _____

Date of Freeze _ _____ Embryo Number(s) _____

Patient's Initials

Partner's Initials (if applicable)

II. Choose one of the three options below regarding the handling of the embryos after they are thawed

- a. I/We desire that Ohio Reproductive Medicine discards the embryos according to their protocol.

Patient's Initials

Partner's Initials (if applicable)

- b. I/We donate my/our embryos for laboratory training and/or for research purposes aimed at improving IVF treatment outcome. If discarded embryos are studied as part of a research project it would only be done in compliance with Institutional Review Board (IRB) policy. All materials used for research purposes would be de-identified. No materials would be used to establish a pregnancy.

Patient's Initials

Partner's Initials (if applicable)



Patient Label

By signing this document, I/we acknowledge that our Ohio Reproductive Medicine physician and caregivers have obtained from me/us informed consent to proceed with discarding of embryos. I/We release the physicians, nurses, technicians, and other Ohio Reproductive Medicine staff from any responsibilities regarding these embryos after they are discarded.

It is required that you have this document witnessed at Ohio Reproductive Medicine, if unable because of distance the default is to have this document officially notarized.

Witness of Consent Form (if this form is completed no need to complete notarization form)

Patient Name (print) Patient Signature Today's Date (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)

PATIENT- TYPE OF PICTURE IDENTIFICATION: Driver's License Passport Other:

ID NUMBER: State/Country: Expiration Date: Date (MM/DD/YYYY)

Witness Name and Title (print) Witness Signature Today's Date (MM/DD/YYYY)

Partner Name (if applicable, print) Partner Signature Today's Date (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)

PARTNER - TYPE OF PICTURE IDENTIFICATION: Driver's License Passport Other:

ID NUMBER: State/Country: Expiration Date: Date (MM/DD/YYYY)

Witness Name and Title (print) Witness Signature Today's Date (MM/DD/YYYY)



Patient Label

Notarization Form (This form is only needed if not able to have witnessed at Ohio Reproductive Medicine)

Patient Name (print) Patient Signature Date of Birth (MM/DD/YYYY)

State of: County of:

On this day of 20, before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which were, to be the person whose name is signed on the proceeding or attached document in my presence.

ID NUMBER: Expiration Date: (MM/DD/YYYY)

Today's Date (MM/DD/YYYY)

Notary Signature

Title

My appointment expires: (MM/DD/YYYY)

Partner Name (if applicable, print) Partner Signature Date of Birth (MM/DD/YYYY)

State of: County of:

On this day of 20, before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which were, to be the person whose name is signed on the proceeding or attached document in my presence.

ID NUMBER: Expiration Date: (MM/DD/YYYY)

Today's Date (MM/DD/YYYY)

Notary Signature

Title

My appointment expires: (MM/DD/YYYY)