

Patient Name: _____

Social Security# _____

Partner Name: _____

Social Security # _____

Karande & Associates, S.C. doing business as
INVIA FERTILITY SPECIALISTS

Consent to Relinquish Parental Rights of All Existing Embryos

Description, Explanation and Informed Consent

We understand that by signing this consent we give up parental rights to all of our embryos at InVia Fertility Specialist. We have been given information on each of our options in order that an informed decision could be made. We have willingly and without coercion made our decision to relinquish our parental rights.

Option #1: Donation to Research

Assignment of our excess embryos for use in research according to the Guidelines for InVia Fertility Specialists and the American Society for Reproductive Medicine Ethical Standards. We understand a specific study may not be in place at the time of our donation and the embryos may be utilized for a research study at a future date. The findings of such a research study may or may not result in publication. We understand that by choosing this option we will not have remaining embryos for our personal use in a future cycle. Furthermore, we understand that our identity will not be revealed at any time and we do not receive any compensation for such a donation.

Patient Initials

Partner Initials

(both partners initial to accept this option)

Option #2: Disposal of Embryos

Disposal of all existing embryos in an ethically accepted manner according to the Guidelines for InVia Fertility Specialists and the American Society for Reproductive Medicine Ethical Standards. We understand that by choosing this option all of our embryos will be disposed and we will not have any remaining embryos for our personal use in a future cycle. Charges for storage of the embryos will be in effect up to the date of this signed and witnessed consent. Upon completion of the consent, all embryo storage charges will cease.

Patient Initials

Partner Initials

(both partners initial to accept this option)

Option #3: Anonymous Embryo Donation

We elect to anonymously donate our embryos to an infertile couple so that they may attempt to achieve a pregnancy with these embryos. We understand that by signing this consent we relinquish ALL parental rights to all of our frozen embryos and they will be directed to the InVia Fertility Specialists Donor Embryo Program. We have been informed of the necessary procedures to accomplish the embryo donation as follows:

- Completion of this consent with signatures of both partners witnessed by an employee of InVia Fertility Specialists or a Notary Public.
- Completion of both a Male and Female Donor Embryo Profile which requests ethnic information, physical attributes and health history of ourselves and family members. The information obtained will not reveal our identity, but rather assist the couple in the process of accepting embryos through donation.
- Consent of both partners to have a blood sample drawn for infectious disease testing and genetic screening. There will be no charges incurred for this procedure.

Upon completion of the required paperwork and testing we will be contacted if the embryos are not accepted into the Donor Embryo Program and will designate an alternate option for our embryos.

It has also been explained to our satisfaction that some or all of the embryos may not survive the thawing process. In addition, embryos transferred to a recipient woman may not result in a pregnancy and/or live birth. It is clear that this donation is to an anonymous donor embryo program and we will not be compensated or know the outcome of the donation.

We fully understand that legal and social questions may exist regarding the donation of embryos to another individual and that state and federal policies can be implemented or changed in the future.

We are donating our embryos voluntarily and have not been coerced or unduly influenced in any way. Furthermore, we understand we may change our consent to donate embryos at any time prior to the transfer to the recipient and that such withdrawal will not interfere with our future treatment. We understand that if we change our consent and wish to continue cryopreservation for our own future use we accept applicable charges for storage from the date of the original consent.

Patient Initials

Partner Initials

(both partners initial to accept this option)

Charges for storage of the embryos will be in effect up to the date of this signed and witnessed consent. Upon completion of the consent, all embryo storage charges will cease.

Upon review of this consent, if the options listed above are not acceptable to us we understand we may continue to pay the storage for continued cryopreservation of the embryos for our future use.

We have been provided a copy of this consent form and all of its terms have been explained to us to our satisfaction. We understand the risks, benefits and alternatives to our decision to relinquish our embryos. We understand there may be additional social, legal and psychological risks involved in our decision and have sought the advice of professionals to further understand those risks.

Each of us have read the consent and had our questions answered to our satisfaction.

Note: If you and your partner do not fully understand this consent, please notify the InVia Fertility Specialists medical staff for further clarification. BOTH SIGNATURES MUST BE SIGNED AND NOTARIZED or the consent will be considered invalid and storage charges will continue to be accrued.

Patient Signature

Date

Patient Name

Date of Birth

Notary Public

Sworn and subscribed before me on this ____ day of _____, _____.

Notary Signature

Date

Partner Signature

Date

Partner Name

Date of Birth

Notary Public

Sworn and subscribed before me on this ____ day of _____, _____.

Notary Signature

Date