**Disposition of Embryos**

Declaration of Intent

Because of the possibility of you and/or your partner’s separation, divorce, death or incapacitation after embryos have been produced, it is important to decide on the disposition of any embryos (fresh or cryopreserved) that remain in the laboratory in these situations. Since this is a rapidly evolving field, both medically and legally, the clinic cannot guarantee what the available or acceptable avenues for disposition will be at any future date.

Currently, the alternatives are:

1. Allowing the clinic to utilize my/our cryopreserved embryo(s) for quality control and training purpose before discard.
2. Discarding the cryopreserved embryo(s).
3. Donating the cryopreserved embryos to another individual in order to attempt pregnancy. (In this case, you may be required to undergo additional infectious disease testing and screening due to federal or state requirements.)
4. Use by one partner with the contemporaneous permission of the other for that use.

This declaration provides several choices for disposition of embryos in these circumstances: death of the patient or the patient’s spouse or partner, separation or divorce of the patient and her spouse/partner, successful completion of IVF treatment, decision to discontinue IVF treatment, and by failure to pay fees for frozen storage.

I/We agree that in the absence of a more recent written and witnessed consent form, the Clinic is authorized to act on our choices indicated below, so far as it is practical.

**I/We also agree that in the event that either our chosen dispositional choices are not available or I/we fail to preserve any choices made herein, whether through nonpayment of storage fees or otherwise, the clinic is authorized to discard and destroy our embryos.**

Note:

* Embryos cannot be used to produce pregnancy against the wishes of the partner. For example, in the event of a separation or divorce, embryos cannot be used to create a pregnancy without the written consent of both parties, even if donor gametes were used to create the embryos.
* Disposition of embryos that are created using donated sperm or eggs may be subject to prior enforceable agreements that you have entered into with a sperm, egg or embryo donor. The Clinic may need to review these agreements before accepting the sperm, eggs, or embryos and/or before using them for procreation or research purposes.
* Embryo donation to achieve a pregnancy is regulated by the FDA (U.S. Food and Drug Administration), as well as state laws, as donated tissue. Certain screening and testing of the persons providing the sperm and eggs are required before donation can occur.
* You are free to revise the choices you indicate here at any time by completing another form and having it notarized.
* Your wills should also include your wishes on disposition of the embryos and be consistent with this consent form. Any discrepancies will need to be resolved by court decree.
* Please check the appropriate box in each section to delineate your wishes.

# Death of Patient

In the event the patient dies prior to use of all the embryos, I/we agree that the embryos should be disposed of in the following manner (check only one box):

❑  Award to patient’s spouse or partner, which gives complete control for any purpose.

* Allow the clinic to utilize the embryos for quality control and training purposes before discard.
* Discard the embryos.

❑  Donate to another individual for reproductive purposes.  This may entail maintaining the embryos in storage, and the fees and other payments due the clinic for these cryopreservation services. If you wish, you may designate an individual to receive the embryos.  In the event the designated individual is unable or unwilling to accept the embryos, the clinic will control the donation.

Please donate to:  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Special note for embryos created with gamete donors**: If your embryos were formed using gametes (eggs or sperm) from a known third-party donor, your instruction to donate these embryos to another individual must be consistent with and in accordance with any and all prior agreements made with the gamete donor(s).  If anonymous donor gametes were used, written authorization from the gamete donor must have been obtained to use these gametes for anything other than reproduction or discard of the embryos.

  ❑  Other disposition (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Death of Spouse or Partner

In the event the patient’s spouse or partner dies prior to use of all the embryos, I/we agree that the embryos should be disposed of in the following manner (check one box only):

❑  Award to patient, which gives complete control for any purpose.

❑   Allow the clinic to utilize the embryos for quality control and training purposes before discard.

* Discard the embryos.

❑  Donate to another individual for reproductive purposes.  This may entail maintaining the embryos in storage, and the fees and other payments due the clinic for these cryopreservation services. If you wish, you may designate an individual to receive the embryos.  In the event the designated individual is unable or unwilling to accept the embryos, the clinic will control the donation.

Please donate to:  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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❑ Other disposition (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Simultaneous Death of Patient and Spouse or Partner

In the event the patient and her spouse or partner die at the same time, prior to use of all the embryos, I/we agree that the embryos should be disposed of in the following manner (check one box only):

❑   Allow the clinic to utilize the embryos for quality control and training purposes before discard.

* Discard the embryos.

❑  Donate to another individual for reproductive purposes.  This may entail maintaining the embryos in storage, and the fees and other payments due the clinic for these cryopreservation services. If you wish, you may designate an individual to receive the embryos. In the event the designated individual is unable or unwilling to accept the embryos, the clinic will control the donation.

Please donate to:  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Special note for embryos created with gamete donors**: If your embryos were formed using gametes (eggs or sperm) from a known third-party donor, your instruction to donate these embryos to another individual must be consistent with and in accordance with any and all prior agreements made with the gamete donor(s).  If anonymous donor gametes were used, written authorization from the gamete donor must be obtained to use these gametes for anything other than reproduction or destruction of the embryos.

❑   Other disposition (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Divorce or Dissolution of Relationship

In the event the patient and her spouse are divorced or the patient and her partner dissolve their relationship, I/we agree that the embryos should be disposed of in the following manner (check one box only):

❑   A court decree and/or settlement agreement will be presented to the Clinic directing use to achieve a pregnancy in one of us or donation to another individual for that purpose.

❑   Allow the clinic to utilize the embryos for quality control and training purposes before discard.

❑   Discard the embryos.

# Discontinuation of IVF Treatment

In the event the patient and her spouse or partner mutually agree to discontinue IVF treatment as a couple, I/we agree that any embryos should be disposed of in the following manner (check one box only):

* Award to patient, which gives complete control for any purpose.
* Award to spouse or partner, which gives complete control for any purpose.

❑   Allow the clinic to utilize the embryos for quality control and training purposes before discard.

* Discard the embryos.

❑   Donate to another individual for reproductive purposes.  If you wish, you may designate an individual to receive the embryos.  In the event the designated individual is unable or unwilling to accept the frozen embryos, the clinic will control the donation.

Please donate to:  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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❑   Other disposition (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Nonpayment of Cryopreservation Storage Fees

Maintaining embryo(s) in a frozen state is labor intensive and expensive. There are fees associated with freezing and maintaining cryopreserved embryo(s). Patients/couples who have frozen embryo(s) must remain in contact with the clinic on an annual basis in order to inform the clinic of their wishes as well as to pay fees associated with the storage of their embryo(s). In situations where there is no contact with the clinic for a period of one year, or fees associated with embryo storage have not been prepaid, and the clinic is unable to contact the patient after reasonable efforts have been made (via registered mail at last known address), the embryo(s) may be destroyed by the clinic in accordance with normal laboratory procedures and applicable law.

If I/we fail to pay the overdue storage fees within 90 days from the date of said mailing, such failure to pay constitutes my/our express authorization to the clinic to follow the disposition instructions we have elected below without further communications to or from us (check one box only):

❑   Allow the clinic to utilize the embryos for quality control and training purposes before discard.

❑   Discard the frozen embryos.

# Time-Limited Storage of Embryos

The Clinic will only maintain cryopreserved embryos for a period of 5 years. After that time, I/we elect (check one box only):

❑   Allow the clinic to utilize the embryos for quality control and training purposes before discard.

❑   Discard the frozen embryos.

❑   Transfer to a storage facility at our expense.  Failure to prepay for shipping and storage will result in the embryos being thawed, rendering them no longer viable.

# Age-Limited Storage of Embryos

I/We understand that the Clinic will not transfer embryos into any woman to produce a pregnancy upon reaching 52 years of age. After this age, I/we elect (check one box only):

❑   Allow the clinic to utilize the embryos for quality control and training purposes before discard.

❑   Discard the frozen embryos.

❑   Transfer to a storage facility at our expense. Failure to prepay for shipping and storage will result in the embryos being thawed, rendering them no longer viable.

❑   Donate to another individual for reproductive purposes.  If you wish, you may designate an individual to receive the embryos.  In the event the designated individual is unable or unwilling to accept the frozen embryos, the clinic will control the donation.

Please donate to:  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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❑  Other disposition (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Legal Considerations and Legal Counsel

The law regarding embryo cryopreservation, subsequent thaw and use, and parent-child status of any resulting child(ren) is, or may be, unsettled in the state in which either the patient, spouse, partner, or any donor currently or in the future lives, or the state in which the ART Program is located.  It is acknowledged that the ART Program has not given legal advice, nor should I/we rely on the ART Program to give any legal advice. It is recommended that a lawyer, who is experienced in the areas of reproductive law and embryo cryopreservation and disposition, be consulted for legal advice and to address any questions or concerns about the present or future status of my/our embryos, our individual or joint access to them, our individual or joint parental status as to any resulting child, or about any other aspect of this consent and agreement.

**My/Our signature(s) below certifies the disposition selections made in this document. These selections can be changed in the future, but will require a written agreement as outlined above. It is understood that in the event that none of the elected choices are available, the clinic is authorized, without further notice to destroy and discard my/our frozen embryos.**

**X**

**Patient Signature Date**

**Patient Name (Print) Date of Birth**

**Notary**

**X**

**Notary Signature Date**

**X**

**Partner Signature Date**

**Partner Name (Print) Date of Birth**

**Notary**

**X**

**Notary Signature Date**