Consent for the Disposal of Cryopreserved Embryos

We __________________________ (Patient) and __________________________ (Partner) currently have the below mentioned embryos cryopreserved and stored with the Strong IVF Program:

______ (#) genetically normal embryos
______ (#) genetically abnormal embryos
______ (#) untreated embryos

We now wish to dispose of the following embryos according to established laboratory protocol:

______ (#) genetically normal
______ (#) genetically abnormal
______ (#) untreated embryos

We understand that the alternatives to disposal are continued storage, transfer of the thawed embryos to the uterus of the wife or donation to an infertile couple, none of which we wish to do.

Patient's Signature ___________________________ Date________

Partner's Signature ___________________________ Date________

Notary Public ___________________________ Date________

Revised 1/12/15-ZR