
Disposition of Eggs

Declaration of Current Intent

I have decided to undergo egg retrieval in which my eggs will be removed from my ovaries for use either at the time of retrieval or at some time in the future.

Because of the possibility of my death, incapacitation, or loss of contact or payment for storage after eggs have been produced, I understand it is important for the clinic to know my preference for disposition of any eggs (fresh or cryopreserved) that remain in the laboratory in such situations.

Currently, the alternatives are:

1. Transfer of control of egg(s) to partner / spouse;
2. Discard the cryopreserved egg(s);
3. Donate the cryopreserved egg(s) for approved research studies; or
4. Donate the cryopreserved egg(s) to another couple in order to attempt pregnancy.

This declaration indicates my current choice for the disposition of my eggs. I understand that I am free to modify these choices at any later time (by completing a new version of this form), and furthermore that a separate agreement will be required at the time of their use.

Note that marital status either at the time of retrieval or the time of later disposition may affect my use of these eggs. Individual clinic policy or state law may also affect my ability to use these eggs, and who may need to give consent for their use.

I also agree that in the event that my chosen dispositional choices are not available, whether through nonpayment of storage fees or otherwise, the clinic is authorized to discard and destroy my eggs.

DECLARATION:

In the event that I die prior to use of all the eggs, I agree that the eggs should be disposed of in the following manner (check only one box):

- Award to my surviving spouse or partner, which gives him or her complete control for any purpose, including implantation, donation for research, or destruction. This may entail maintaining the eggs in storage, and responsibility for the fees and other payments due the clinic for these cryopreservation services.
- Donate to an anonymous couple or individual for reproductive purposes (requires that certain federal requirements have been met). Since egg donation to achieve a pregnancy is regulated by the FDA (U.S. Food and Drug Administration) as well as state laws, certain screening and testing of the persons providing the sperm and eggs are required before donation can occur.
- Donate to a designated couple or individual for reproductive purposes. Since egg donation to achieve a pregnancy is regulated by the FDA (U.S. Food and Drug Administration) as well as state laws, certain screening and testing of the persons providing the sperm and eggs are required before donation can occur.

- The eggs may be used to derive human pluripotent stem cells for research and the cells may be used, at some future time, for human transplantation research.
- All identifiers associated with the eggs will be removed prior to the derivation of human pluripotent stem cells.
- Donors to research will not receive any information about subsequent testing on the egg or the derived human pluripotent cells.
- Derived cells or cell lines, with all identifiers removed, may be kept for many years.
- It is possible the donated material may have commercial potential, but as the egg donor you will receive no financial or other benefit from any future commercial development.
- Human pluripotent stem cell research is not intended to provide direct medical benefit to the egg donor.
- Any embryos formed with your eggs will not be transferred to a woman's uterus, nor will the embryos survive the human pluripotent stem cell derivation process. Embryos will be handled respectfully, as is appropriate for all human tissue used in research.
- The sperm donor may be required to provide a signed, written consent for use of the resulting embryos for research purposes.

Legal Considerations and Legal Counsel

The law regarding egg 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. I acknowledge that the ART Program has not given any legal advice, that I am not relying on the ART Program to give any legal advice, and that I have been informed that I may wish to consult a lawyer who is experienced in the areas of reproductive law and egg cryopreservation and disposition if I have any questions or concerns about the present or future status of my eggs, my individual access to them, my individual parental status as to any resulting child, or about any other aspect of this consent and agreement.

Note that marital status either at the time of retrieval or the time of later disposition may affect my use of these eggs. Individual clinic policy or state law may affect my ability to use my eggs.

My signature below certifies the disposition selection I have made above. I understand that I can change my selection in the future, but need a written and notarized agreement as outlined above. I also understand that in the event that none of my elected choices is available, the clinic is authorized, without further notice, to destroy and discard my frozen eggs.

X

Patient Signature

Date

Patient Name

Date of Birth

Notary Public

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

Notary Signature

Date

X

Spouse / Partner Signature (if applicable)

Date

Spouse / Partner Name

Date of Birth

Notary Public

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

Notary Signature

Date