

Strong Fertility Center
500 Red Creek Dr., Suite 220, Rochester, NY 14623
585-487-3444

Consent for the Donation of Cryopreserved Embryos To
Strong Fertility Center

We, _____ and _____
(Patient Name and Date of Birth) (Partner Name and Date of Birth)

currently have embryos cryopreserved and stored at Strong Fertility Center. We now wish to donate the following embryos to **Strong Fertility Center**, hereby designated by an "X" or a checkmark in the appropriate box(es), according to established laboratory protocol:

- ☐ **Genetically Tested, Normal Embryos**
- ☐ **Genetically Tested, Abnormal Embryos (Non-Transferable: High Level Mosaic, Aneuploid, Complex Aneuploid, and Chaotic)**
- ☐ **Genetically Tested, Abnormal Embryos (Potentially Transferable: Low Level Mosaic)**
- ☐ **No Result Embryos**
- ☐ **Untested Embryos**
- ☐ **ALL Embryos**

We understand that any donated embryos will only be used for quality control, research, or training purposes and then discarded after use according to established ethical guidelines. These embryos will *not* be used to create a pregnancy. The alternatives to donation of embryos to the Strong Fertility Center IVF laboratory are continued storage of the embryos, transfer of the thawed embryos to the uterus of a female partner to create a pregnancy, or donation of the embryos to another infertile couple, none of which we wish to do.

Patient's Signature: _____ Date: _____

Partner's Signature: _____ Date: _____

SFC Witness: _____
Name Signature Date

or

Notary Public: _____ **Date:** _____