

**Strong Fertility Center
500 Red Creek Dr., Suite 220
Rochester, NY 14623
585-487-3378**

Consent for the Disposal of Cryopreserved Embryos

Both _____ (Patient)

and _____ (Partner)

Currently have _____ cryopreserved embryos stored with the Strong Fertility Center IVF Program.

We now wish to dispose of those pre-embryos, according to established laboratory protocol.

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** _____