

Dear Patient(s),

Attached are the forms you requested for disposition of your oocytes and/or embryos. Please indicate your selection(s), and sign the corresponding consent form(s).

The following are your options for disposition of your eggs and embryos. Please indicate your selection(s) and sign the corresponding consent form(s). Your consent must be signed in the presence of a notary or of a staff member from Columbia University Fertility Center.

☐ **Donate embryos/eggs for research (Consent form A).**

☐ **Donate embryos/eggs for use by another person or couple (Consent form B).**

☐ **Discard (Consent form C).**

Please make a copy of completed notarized forms corresponding for your own records and mail the original to the address below.

Thank you,

Laboratory Team

Please send completed form to:

Attn: Embryology Lab  
Columbia University Fertility Center  
5 Columbus Circle PH  
New York, New York 10019  
See phone and email info above

**Consent Form A-****Donate to research**

- **We/I choose to donate the embryo(s) for research:** We/I understand that we/I have the right to withdraw our/my consent for the donation until the embryos(s) are actually used or until information that could link our/my identity to the embryo(s) is no longer retained
- **We/I have been informed and agree to the following:** The embryo(s) may be used for research and to derive embryonic stem cells for research; What would happen to the embryo(s) in the derivation of embryonic stem cells for research; The embryonic stem cells derived from the embryo(s) might be kept for many years; There will be no restriction/direction regarding the individual(s) who may receive medical benefits from the use of the embryonic stem cells; The research is not intended to provide direct medical benefit to us/me; The results of research using the embryonic stem cells may have commercial potential, but we/I will not receive financial or other benefits from any such commercial development; and the circumstances, if any, in which information that could identify us/me as the donor(s) would be available to researchers
- If the embryo(s) are not used in or are eligible for research, we/I authorize CUFC laboratory staff to remove the embryo(s) from cryogenic storage for discard

**Patient** Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY** State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person who executed the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

\_\_\_\_\_  
Notary Public

**Partner (if applicable)** Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY** State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person who executed the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

\_\_\_\_\_  
Notary Public

**CUFC Personnel use only**

Witnessed by: Print Name \_\_\_\_\_ Date: \_\_\_\_\_ Identification Used \_\_\_\_\_ Expiration Date \_\_\_\_\_

Tissue Bank Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent Form B-****Donate embryos to another couple or person**

We/I agree to donate our embryo(s) anonymously to another couple or person.

**Requirements to donate embryo(s) to another couple/person:**

- Donor egg and/or donor sperm from an eligible donor
- At the time of egg retrieval, prior to female patient's 38<sup>th</sup> birthday or prior to female patient's 43<sup>rd</sup> birthday. If the embryo(s) have undergone preimplantation genetic testing
- At the time of egg retrieval, prior to male patient's 50<sup>th</sup> birthday
- We/I understand with advancements in genetic testing, questions of how to protect one's identity persist. We/ I will respect the anonymity of the recipient or recipient(s) of our/my embryo(s) and understand that the CUFC will not reveal information to either the donor or recipient(s) of donated embryos or any resulting children.
- We/I relinquish all rights to and interests in any child or children resulting from the transfer of said embryos.
- We/I have the right to ask questions and have them answered before signing this consent form.
- We/I may withdraw this consent for the donation of our/my embryos to another couple or person as long as the embryo(s) have not yet been donated or discarded. If you wish to withdraw this consent, you must contact the program in writing and provide an updated disposition consent.
- If the embryo(s) are not donated or eligible for donation, the CUFC staff can donate the embryos for research.
- If you **do not** want the embryos used for research and would prefer them to be discarded, please check here: ☐

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Notary Public

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Consent Form C- Oocyte/ Embryo Discard**

- **We do not want our oocytes and/or embryo(s) used for research or donated to another couple**
- We/I have no further intention of maintaining the oocyte(s)/ embryo(s) in cryogenic storage and request and allow them to be removed from cryogenic storage with the intent that removal from cryogenic storage will thaw the oocytes(s)/ embryo(s) and render them non-viable. The laboratory staff periodically removes embryos from cryogenic storage for discard; this does not happen right away and may occur months after the disposition form is received (storage fee's no longer apply once this form is received).
- We/I understand that this is an irreversible process and the oocyte(s)/ embryo(s) and will no longer be available for our/my use.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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