



CONSENT TO DISCARD/DONATE CRYOPRESERVED OOCYTES

TERMINATION OPTIONS

Select One Termination Option by Initialing in the Block Provided for that Option

DISCARD

Patient Initials

Virginia IVF will terminate the cryopreservation and discard the thawed oocytes according to its practice.

FEES: Storage fees stop accruing the day that this original, fully completed and notarized form is received by Virginia IVF.

DONATE FOR STEM CELL RESEARCH

Patient Initials

Donate the oocytes to Virginia IVF for stem cell research, following which any remaining oocytes will be discarded according to its practice. An additional research consent will be required, and if not signed and returned, the oocytes will be donated for other research. **Please provide email address below signature.**

DONATE FOR OTHER RESEARCH

Patient Initials

Donate the oocytes to Virginia IVF for non-stem cell research, following which any remaining oocytes will be discarded according to its practice.

FEES: Storage fees stop accruing the day that this original, fully completed and notarized form is received by Virginia IVF.

DONATE TO AN ANONYMOUS RECIPIENT

Patient Initials

Donate the oocytes to an anonymous recipient for the purpose of assisted conception. In selecting this option, I agree to release any rights or claims to any resulting child(ren). I also agree to provide anonymous medical and genetic information as well as undergo screening, as necessary. If an appropriate recipient is not found, or if my oocytes are found to be unsuitable for donation, Virginia IVF will terminate cryopreservation and discard the oocytes according to its practice. **Please provide email address below signature.**

Medical and Genetic Information is not required if the oocytes were collected from an egg donor.

FEES: Storage fees will continue to accrue until all required donation steps are completed. A credit of up to two months of storage fees will be issued once all steps are completed. The Patient will be responsible for any charges not removed by the credit. If all steps are not completed within a reasonable time period and parties do not respond to our communication, a credit will not be issued and the oocytes may be discarded according to the practice of Virginia IVF.

DONATE TO A KNOWN RECIPIENT

Patient Initials

Donate the oocytes to a known recipient: Name _____

Phone # _____ Address _____

By selecting this option, I understand that it may be necessary for me to undergo medical and genetic screening, and to seek independent legal counsel for this directed donation. FDA screening must have been done within 30 days of oocyte freezing to have the potential to be suitable for donation. **Please provide email address.**

Medical and Genetic Information is not required if the oocytes were collected from an FDA eligible egg donor.

FEES: The recipient of the oocytes must sign a consent to assume responsibility for the storage fees. Storage fees stop accruing on the Patient's account on the date the storage consent is signed by the recipient.

SIGNATURE AND EMAIL ADDRESS

I _____ (patient, referred to as "Patient") hereby request that the Virginia IVF and Andrology Center
print full legal name
(referred to as "Virginia IVF") discard or donate, as selected by my initials above, all of my cryopreserved oocytes. I understand this completed form must be **notarized** and mailed or delivered to: **Virginia IVF & Andrology Center, 9030 Stony Point Suite 390, Richmond, VA 23235**

Patient's Signature

Social Security Number

Date

Please provide an email address for anonymous or known donation or stem cell research _____

You will be contacted via this email address to complete our online donation questionnaire or stem cell research consent

NOTARY SIGNATURE (REQUIRED)

VIRGINIA IVF USE ONLY

Notary Signature

Date

Received by: _____ Date: _____

Final Bill Generated: Y N Note: _____

Completed by: _____ Date: _____

___ Discarded Verified by: _____

___ Donated Verified by: _____

Affix Notary Seal Here

Commission Expires