CONSENT TO DISCARD/DONATE CRYOPRESERVED PRE-EMBRYOS

TERMINATION OPTIONS

Select One Termination Option by Initialing in the Blocks Provided for that Option, Patient/Partner Options Must Match
The Patient is the Person Identified on the Virginia IVF Storage Consent as the Patient (Generally the Female)

DISCARD

Patient Initials ☐ Partner Initials ☐

Virginia IVF will terminate the cryopreservation and discard the thawed pre-embryos 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 RESEARCH

Patient Initials ☐ Partner Initials ☐

Donate the pre-embryos to Virginia IVF for non-stem cell research, following which any remaining pre-embryos 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 ☐ Partner Initials ☐

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

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 pre-embryos may be discarded according to the practice of Virginia IVF.

DONATE TO A KNOWN RECIPIENT

Patient Initials ☐ Partner Initials ☐

Donate the pre-embryos to a known recipient(s): Name(s) _____
Phone # _____ Address _____
By selecting this option, I/we understand that it may be necessary for me/us to undergo medical and genetic screening, and to seek independent legal counsel for this directed donation. ***Please provide email address below.***

FEES: The recipient(s) of the pre-embryos 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.

SIGNATURES AND EMAIL ADDRESS

I/We _____ (female unless none, referred to as "Patient") and _____ (partner,
print full legal name print full legal name
referred to as "Partner") hereby request that the Virginia IVF and Andrology Center (referred to as "Virginia IVF") discard or donate, as selected by my/our initials above, all of my/our stored cryopreserved pre-embryos. *I/We understand that this completed form must be* ***notarized*** *and this original form mailed or delivered to:* **Virginia IVF & Andrology Center, 9030 Stony Point, Suite 390, Richmond, VA 23235**

_____ Patient's Signature	_____ Social Security Number	_____ Date
_____ Partner's Signature	_____ Social Security Number	_____ Date

Please provide an email address for anonymous or known donation _____

You will be contacted via this email address to complete our online donation questionnaire

NOTARY SIGNATURE (REQUIRED)

_____ **Notary Signature**

_____ **Date**

Affix Notary Seal Here

_____ **Commission Expires**

VIRGINIA IVF USE ONLY

Received by:_____ Date:_____
Final Bill Generated: Y N Note:_____
Completed by:_____Date:_____
___ Discarded Verified by:_____
___ Donated Verified by:_____