



# 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)

 

Patient Initials Partner Initials

### DISCARD

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.

 

Patient Initials Partner Initials

### DONATE FOR STEM CELL RESEARCH

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

 

Patient Initials Partner Initials

### DONATE FOR OTHER RESEARCH

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.

 

Patient Initials Partner Initials

### DONATE TO AN ANONYMOUS RECIPIENT

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.

 

Patient Initials Partner Initials

### DONATE TO A KNOWN RECIPIENT

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 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 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