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*CONSENT TO DISCARD CRYOPRESERVED IN VITRO PRE-  
IMPLANTATION EMBRYOS<sup>1</sup>, EGGS, SPERM OR TISSUE  
SPECIMEN*

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Please read the following Consent to Discard Cryopreserved in Vitro Pre-Implantation Embryos, Eggs, Sperm or Tissue Specimen ("Consent") carefully.

This Consent must be signed by you, the patient, and, if applicable, any spouse or partner of yours (hereinafter "Spouse/Partner"). **Unless the context otherwise requires, references to "you" "your" or "I" in this Consent refer to both you and any Spouse/Partner, if applicable, and words in the singular form shall be construed to include the plural form and vice versa.** All sections of the Agreement must be completed and initialed where indicated. This is an important document; you should keep a copy of this fully executed Consent for your records.

**Printed Name:**

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**Patient**

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**Spouse/Partner (if applicable)**

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<sup>1</sup> "In Vitro Pre-Implantation Embryo": "A fertilized egg that has begun cell division in a laboratory dish ("in vitro") prior to its intended purpose for a potential transfer into a woman's uterus to achieve conception and pregnancy. An In Vitro Pre-Implantation Embryo, which may or may not be cryopreserved, may hereinafter be referred to as an "Embryo."

I have dispositional control over the cryopreserved (frozen) embryos, eggs, sperm, or tissue specimens at CT Fertility, PC and no longer wish to retain the embryos, eggs, sperm, or tissue specimens listed below in storage at CT Fertility, PC.

I hereby instruct CT FERTILITY, PC to remove the embryos, eggs, sperm, or tissue specimens listed below and discard them in accordance with CT FERTILITY, PC's standard laboratory policies and procedures.

To be completed by Patient and any Spouse/Partner\*:

<b>Please Initial</b>	<b>Type of Specimen</b>	<b>Number</b>	<b>Date Frozen</b>	<b>Specimen ID Number</b>	<b>Date discarded/ (Initials)</b>
/	Embryo(s) (#)				/
/	Sperm (vials)				/
/	Epididymal aspirate (vials)				/
/	Testicular tissue (vials)				/
/	Egg(s) (#)				/

\*For purposes of this Consent, the term "Spouse/Partner" means a spouse, if legally married, or another individual involved in a relationship with the patient who has presented with the patient for assisted reproductive services and whom CT FERTILITY, PC considers to be a partner of the patient.

### **LEGAL CONSIDERATIONS**

I understand that the laws establishing and governing assisted reproductive services, including IVF and embryo cryopreservation may be unsettled in the state in which either the patient, any Spouse/Partner, currently resides or in the future lives, or the state in which CT FERTILITY, PC is located. I acknowledge that CT FERTILITY, PC cannot and has not given me legal advice, that I am not relying on CT FERTILITY, PC to give me any legal advice, and that I have been strongly encouraged to seek, jointly and separately, individual and independent advice of legal counsel experienced in the areas of reproductive and family law to address any questions or concerns about the present or future status of the embryos, eggs, sperm, or tissue specimens, my individual or joint access to them, my decision to discard embryos, eggs, sperm, or tissue specimens or about any other aspect of this Consent.

I further agree that neither CT FERTILITY, PC, nor any of its physicians, staff, or anyone acting on its behalf, will be liable at law or in equity, nor will I bring any action or claim, or encourage the bringing or investigation of any action or claim against CT FERTILITY, PC or any of its physicians, staff, or anyone

acting on its behalf, in connection with my cryopreservation of embryos, eggs, sperm, or tissue specimens or related dispositional instructions, including discard, disposition options, including long term cryopreservation storage.

**I understand that I will receive written confirmation that the embryos, eggs, sperm or tissue specimens specified above have been discarded, but that it may take up to 90 days from the date of discard before I receive notification.**

I have carefully read this Consent and acknowledge that I have signed this consent of my own free will, have had the opportunity to ask questions and have had ample time to reach my decision, free from pressure and coercion. I understand that if this Consent relates to the discard of embryos, or the discard of donated eggs, sperm or other tissue, the signature of both "Patient" and any "Spouse/Partner" will be required. If this Consent relates only to the discard of eggs or sperm or other tissue provided by either the "Patient" or "Spouse/Partner," then only the signature of the individual who provided the eggs, sperm or other tissue is required.

_____	_____
<b>Signature-Patient</b>	<b>Signature-Spouse/ Partner (if applicable)</b>
_____/_____/_____	_____/_____/_____
<b>Date</b>	<b>Date</b>