

Patient Name: _____ ID#: _____ SSN#: _____ DOB: _____
Partner's Name: _____ ID#: _____ SSN#: _____ DOB: _____

Karande & Associates, S.C. doing business as
INVIA FERTILITY SPECIALISTS

Consent to Relinquish Parental Rights of All Existing Embryos

Description, Explanation and Informed Consent

We understand that by signing this consent we give up parental rights to all of our embryos at InVia Fertility Specialist. We have been given information on each of our options in order that an informed decision could be made. We have willingly and without coercion made our decision to relinquish our parental rights.

Option #1: Disposal of Embryos

Disposal of all existing embryos in an ethically accepted manner according to the Guidelines for InVia Fertility Specialists and the American Society for Reproductive Medicine Ethical Standards. We understand that by choosing this option all of our embryos will be disposed and we will not have any remaining embryos for our personal use in a future cycle. Charges for storage of the embryos will be in effect up to the date of this signed and witnessed consent. **Upon completion of the consent, all embryo storage charges will cease.**

Option #2: Anonymous Embryo Donation

We elect to anonymously donate our embryos to an infertile couple so that they may attempt to achieve a pregnancy with these embryos. We understand that by signing this consent we relinquish ALL parental rights to all of our frozen embryos, and they will be directed to the InVia Fertility Specialists Donor Embryo Program. We have been informed of the necessary procedures to accomplish the embryo donation as follows:

- Completion of this consent with signatures of both partners signed on their portal, witnessed by an employee of InVia Fertility Specialists or a Notary Public.
- Completion of both a Male and Female Donor Embryo Profile which requests ethnic information, physical attributes and health history of ourselves and family members. The information obtained will not reveal our identity, but rather assist the couple in the process of accepting embryos through donation.
- Completion of both partners to have a blood sample drawn for infectious disease testing and genetic screening. There will be no charges incurred for this procedure.
- **Charges for storage of the embryos will be in effect up to the date of completion of consent, patient profiles, and blood work. Until that time, all embryo storage charges will continue.**

Upon completion of the required paperwork and testing we will be contacted if the embryos are not accepted into the Donor Embryo Program and will designate an alternate option for our embryos.

It has also been explained to our satisfaction that some or all of the embryos may not survive the thawing process. In addition, embryos transferred to a recipient woman may not result in a pregnancy and/or live birth. It is clear that this donation is to an anonymous donor embryo program, and we will not be compensated or know the outcome of the donation.

We fully understand that legal and social questions may exist regarding the donation of embryos to another individual and that state and federal policies can be implemented or changed in the future.

We are donating our embryos voluntarily and have not been coerced or unduly influenced in any way. Furthermore, we understand we may change our consent to donate embryos at any time prior to the transfer to the recipient and that such withdrawal will not interfere with our future treatment. We understand that if we change our consent and wish to continue cryopreservation for our own future use, we accept applicable charges for storage from the date of the original consent.

Upon review of this consent, if the options listed above are not acceptable to us, we understand we may continue to pay the storage for continued cryopreservation of the embryos for our future use.

We have been provided a copy of this consent form and all of its terms have been explained to us to our satisfaction. We understand the risks, benefits and alternatives to our decision to relinquish our embryos. We understand there may be additional social, legal and psychological risks involved in our decision and have sought the advice of professionals to further understand those risks.

Each of us have read the consent and had our questions answered to our satisfaction.

Signature
Patient

Signature
Partner

(ONLY IF SIGNED IN PERSON IN THE OFFICE)

As one of the members of InVia Fertility Specialists, by my signature indicate the foregoing consent was read, discussed and signed in my presence.

Signature
Witness Signature (Patient)

Witness Name

Signature

Witness Signature (Partner)

Witness Name

Note: If you and your partner do not fully understand this consent, please notify the InVia Fertility Specialists medical staff for further clarification. If you wish to sign the consent outside of InVia Fertility Specialists, BOTH SIGNATURES MUST BE SIGNED AND NOTARIZED or the consent will be considered invalid and storage charges will continue to be accrued.

For witness of signatures by a Notary Public:

Patient Signature

Date

Patient Name

Date of Birth

Notary Public

Sworn and subscribed before me on this _____ day of _____, _____.

Notary Signature

Date

Partner Signature

Date

Partner Name

Date of Birth

Notary Public

Sworn and subscribed before me on this _____ day of _____, _____.

Notary Signature

Date