

Female Patient Name: \_\_\_\_\_ Social Security# \_\_\_\_\_

Male Patient Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Karande and 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 are giving up our parental rights to all of our embryos in storage at InVia Fertility Specialists. 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: Donation to Research**

The assignment of our excess embryos for use in **research** according to the Guidelines for InVia Fertility Specialists and the American Society for Reproductive Medicine Ethical Standards. We understand a specific study may not be in place at the time of our donation and the embryos may be utilized for a research study at a future date. The findings of such a research study may or may not result in publication. Furthermore, we understand that our identity will not be revealed at any time and we do not receive any compensation for such a donation. We understand that by choosing this option we will not have remaining embryos for our personal use in a future cycle.

\_\_\_\_\_ (both partners initial to accept this option)

**Option #2: Disposal of Embryos**

The **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 of and we will not have any remaining embryos for our personal use in a future cycle

\_\_\_\_\_ (both partners initial to accept this option)

**Option #3: 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 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.

- Consent 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.

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 be informed of 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.

\_\_\_\_\_ (both partners initial to accept this option)

***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.***

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 if so needed.

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

\_\_\_\_\_ Date Signature of female patient Female Name – Print

\_\_\_\_\_ Date Signature of male patient Male Name – Print

**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.**

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

\_\_\_\_\_ Date                      \_\_\_\_\_ Witness to female – Signature                      \_\_\_\_\_ Witness Name – Print

\_\_\_\_\_ Date                      \_\_\_\_\_ Witness to male – Signature                      \_\_\_\_\_ Witness Name – Print

**For witness of signatures by a Notary Public:**

State of \_\_\_\_\_, County of \_\_\_\_\_, I, the undersigned, a Notary Public in and for the said County in the state aforesaid; DO HEREBY CERTIFY that

\_\_\_\_\_ (Female patient and male patient)  
personally known to me as the same persons whose names are subscribed to the foregoing document appeared before me this day in persons, and acknowledged that he and she signed, sealed and delivered the said document as his and hers free and voluntary act, for the use and purposes therein set forth.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Commission expires on : \_\_\_\_\_, 20\_\_\_\_\_.

Notary Seal:

\_\_\_\_\_  
Notary Public Signature