

Female Patient Name: _____ Social Security #: _____

Partner's Name: _____ Social Security #: _____

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

**RECIPIENT CONSENT TO THE USE OF DONATED EMBRYOS
THROUGH DONATION**

Description, Explanation, and Informed Consent

We, _____, hereby authorize the professional representation of the INVIA FERTILITY SPECIALISTS to transfer embryos, donated by an anonymous couple, into the uterus of the female partner.

We understand that we will be receiving these embryos through INVIA FERTILITY SPECIALISTS **Embryo Donation Program**. We also understand that the total number of embryos that we will receive will be determined by the physician(s) and embryologists of INVIA FERTILITY SPECIALISTS. This determination will be done following the INVIA FERTILITY SPECIALISTS Embryo Adoption Program Protocol. We have also been informed that these embryos have been cryopreserved (frozen) and there is a risk some or all of the embryos may not survive the thawing process.

We hereby agree to rely on the expertise and discretion of INVIA FERTILITY SPECIALISTS physicians and embryologists in the selection of qualified embryo donors. We also acknowledge and agree that the identity of the couple who donated their embryos to us will NOT be revealed to us under any circumstances.

We have been informed that the couple who donated the embryos was screened for infectious diseases prior to and at the time of embryo donation. Cycles which used anonymous egg and/or sperm donors had infectious disease screening prior to the cycle, but follow-up testing was not possible. We understand the recommended screening does not completely eliminate the risk of infectious disease transmission via embryo donation. No cases of infection or disease transmission resulting from embryo donation has ever been documented.

We agree to release the gamete donors and INVIA FERTILITY SPECIALISTS physicians and embryologists from any and all liability from any potential complications of the pregnancies, congenital abnormalities, heritage diseases, or other complications of the embryo donation.

We have been advised that the selected embryo(s) will be transferred in routine fashion to the uterus of the female partner using an embryo transfer catheter. We have also been informed and understand:

1. That transfer of one or more embryos may not result in recipient's pregnancy or there may be increased risk of multiple gestations.
2. That if a recipient pregnancy does result from embryo transfer, the pregnancy may not reach full term or be free of complications through childbirth.
3. That any pregnancy carries a risk of 3-5% for birth defects. In addition, donated embryos cannot be tested for all possible genetic conditions and any child can be born with or be at increased risk for an inherited condition.
4. That there may be other adverse consequences to the recipient or the embryos and/or her offspring.

We have been given the opportunity to ask questions about the procedures, the methods being used, and the risks and hazards involved and we believe that we have sufficient information to give this informed consent. We have also discussed with a physician alternative treatments and it is our independent decision to accept the risks described above.

We hereby agree that any child born as a result of our participation in the Embryo Donation Program is a child conceived by our acts and hereby acknowledge that such child is our legitimate child with all rights and privileges accompanying such status.

We understand that there are no charges and/or costs for the embryos we receive. We, however, have been informed and understand that administrative fees are non-refundable. We understand that these said fees are to include, but may not be limited to an Embryo Matching Fee and recommended genetic testing of the donor couple plus related charges for the Frozen Embryo Transfer Cycle. We also understand that all fees are to be paid prior to the beginning of the Frozen Embryo Transfer Cycle and **are subject to change without prior notice.**

We have received a written description of INVIA FERTILITY SPECIALISTS Assisted Reproductive Technology Program and understand the financial responsibility for our involvement in the program as a recipient couple. We also understand that, by entering this program, we are financially responsible for all the costs incurred by ourselves.

Donor Embryo Profiles: ONLY initial areas that apply

Female _____ Partner _____ We acknowledge that the MALE and FEMALE profiles for embryo batch # _____ are available and have been reviewed with us and our wishes are to utilize these embryos to attempt pregnancy.

Female _____ Partner _____ We acknowledge that the MALE and FEMALE profiles for embryo batch # _____ are NOT available and our wishes are to continue to attempt pregnancy with these donor embryos.

Female _____ Partner _____ We acknowledge that the MALE profile for embryo batch # _____ is NOT available and our wishes are to continue with the utilization of donor embryo batch # _____ to attempt pregnancy.

Female _____ Partner _____ We acknowledge that the FEMALE profile for embryo batch # _____ is NOT available and our wishes are to continue with the utilization of donor embryo batch # _____ to attempt pregnancy.

Embryo Donation: Screening of Embryos for Infectious Diseases. ONLY initial areas that apply.

Female _____ Partner _____ We acknowledge that the MALE and FEMALE of the donating couple have had infectious disease screening prior to their I.V.F. cycle in _____. This testing was repeated (following a minimum 6 month quarantine period) at the time of embryo donation.

For embryos created on/after May 25th, 2005, the FDA has applicable labeling requirements as follows:

Female _____ Partner _____ We have been advised that screening and testing of the donors was not performed at the time of cryopreservation of the embryos, but has been performed following a minimum 6 month quarantine period.

Female _____ Partner _____ We have been advised that the egg or sperm donor for these embryos was not evaluated for infectious diseases at the time of embryo cryopreservation and/or donation. Therefore, there may be communicable disease risks.

All of our questions regarding INVIA FERTILITY SPECIALISTS Recipient Consent To The Use of Donated Embryos Through Embryo Adoption (Donation) have been answered. Each of us has read and acknowledges receipt of a copy of this consent.

Date Signature of Female Patient Female Name – Print

Date Signature of Partner Partner Name – Print

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

Date Signature of Witness (Female Patient) Witness Name – Print

Date Signature of Witness (Partner) Witness Name – Print

NOTE: If you or your partner are unable to have this consent witnessed by a staff member at INVIA FERTILITY SPECIALISTS or FULLY UNDERSTAND THIS CONSENT, please notify the INVIA FERTILITY SPECIALISTS medical staff. We will provide you with further information and a witness. If you wish to sign the consent outside of INVIA FERTILITY SPECIALISTS, please have the consent notarized.

State of _____, County of _____ ss., I, the undersigned, a Notary Public in and for the said County in the State aforesaid; DO HEREBY CERTIFY that

(Female Patient/ Partner)

personally known to me as the same persons whose names are subscribed to the foregoing document before me this day in persons, and acknowledged that he and she signed, sealed and delivered the said document at his and her 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 Public)

(Notary Seal)