
Disposition of Embryos

Declaration of Intent

Because of the possibility of you and/or your partner's separation, divorce, death or incapacitation after embryos have been produced, it is important to decide on the disposition of any embryos (fresh or cryopreserved) that remain in the laboratory in these situations. Since this is a rapidly evolving field, both medically and legally, the clinic cannot guarantee what the available or acceptable avenues for disposition will be at any future date.

Currently, the alternatives are:

1. Discarding the cryopreserved embryo(s)
2. Use by one partner with permission of the other for that use

This declaration provides several choices for disposition of embryos in these circumstances (death of the patient or the patient's spouse or partner, separation or divorce of the patient and her spouse/partner, successful completion of IVF treatment, decision to discontinue IVF treatment, and by failure to pay fees for frozen storage).

I/We agree that in the absence of a more recent written and witnessed consent form, the Clinic is authorized to act on our choices indicated below, so far as it is practical.

I/We also agree that in the event that either our chosen dispositional choices are not available or I/we fail to preserve any choices made herein, whether through nonpayment of storage fees or otherwise, the clinic is authorized to discard and destroy our embryos.

Note:

- Embryos cannot be used to produce pregnancy against the wishes of the partner. For example, in the event of a separation or divorce, embryos cannot be used to create a pregnancy without the express, written consent of both parties, even if donor gametes were used to create the embryos.
- Disposition of embryos that are created using donated sperm or eggs may be subject to prior enforceable agreements that you have entered into with a sperm, egg or embryo donor. The Clinic may need to review these agreements before accepting the sperm, eggs, or embryos and/or before using them for procreation or research purposes.
- You are free to revise the choices you indicate here at any time by completing another form and having it notarized.
- Your wills should also include your wishes on disposition of the embryos and be consistent with this consent form. Any discrepancies will need to be resolved by court decree.
- Please check the appropriate box in each section to delineate your wishes and initial the bottom of each page.

Initials: _____ / _____

Death of Patient

In the event the patient dies prior to use of all the embryos, I/we agree that the embryos should be disposed of in the following manner (check only one box):

- Award to patient's spouse or partner, which gives complete control for any purpose, including implantation, donation for research, or destruction. This may entail maintaining the embryos in storage, and the fees and other payments due the clinic for these cryopreservation services.
- Discard the embryos. These embryos will no longer be available to us.

Initials: _____ / _____

Death of Spouse or Partner

In the event the patient's spouse or partner dies prior to use of all the embryos, I/we agree that the embryos should be disposed of in the following manner (check one box only):

- Award to patient, which gives complete control for any purpose, including implantation, donation for research, or destruction. This may entail maintaining the embryos in storage, and the fees and other payments due the clinic for these cryopreservation services.
- Discard the embryos. These embryos will no longer be available to us.

Initials: _____ / _____

Simultaneous Death of Patient and Spouse or Partner

In the event the patient and her spouse or partner die at the same time, prior to use of all the embryos, I/we agree that the embryos should be disposed of in the following manner (check one box only):

- Discard the embryos. These embryos will no longer be available to us.

Initials: _____ / _____

Divorce or Dissolution of Relationship

In the event the patient and her spouse are divorced or the patient and her partner dissolve their relationship, I/we agree that the embryos should be disposed of in the following manner (check one box only):

- A court decree and/or settlement agreement will be presented to the Clinic directing the disposition of the embryos.
- Discard the embryos. These embryos will no longer be available to us. Please note: an additional notarized consent signed by both partners will be required.

Initials: _____ / _____

Nonpayment of Cryopreservation Storage Fees

Maintaining embryo(s) in a frozen state is labor intensive and expensive. There are fees associated with freezing and maintaining cryopreserved embryo(s). Patients/couples who have frozen embryo(s) must remain in contact with the clinic as well as to pay fees associated with the storage of their embryo(s). In situations where there is no contact, fees will continue to accrue and collection charges added when applicable until completed notarized disposal consents are received by InVia Fertility.

Initials: _____ / _____

Legal Considerations and Legal Counsel

The law regarding embryo cryopreservation, subsequent thaw and use, and parent-child status of any resulting child(ren) is, or may be, unsettled in the state in which either the patient, spouse, partner, or any donor currently or in the future lives, or the state in which the Invia Fertility Specialists S.C. Program is located. We acknowledge that Invia Fertility Specialists S.C. Program has not given us legal advice, that we are not relying on the Invia Fertility Specialists S.C. Program to give us any legal advice, and that we have been informed that we may wish to consult a lawyer who is experienced in the areas of reproductive law and embryo cryopreservation and disposition if we have any questions or concerns about the present or future status of our embryos, our individual or joint access to them, our individual or joint parental status as to any resulting child, or about any other aspect of this consent and agreement.

Initials: _____ / _____

Our signatures below certify the disposition selections we have made above. We understand that we can change our selections in the future, but need mutual and written agreement as outlined above.

Patient signature: _____ **Date:** _____

Partner / Spouse signature: _____ **Date:** _____

InVia Staff Patient witness: _____ **Date:** _____

InVia Staff Partner witness: _____ **Date:** _____

X

Patient Signature

Date

Patient Name

Date of Birth

Notary Public

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

Notary Signature

Date

X

Spouse / Partner Signature (if applicable)

Date

Spouse / Partner Name

Date of Birth

Notary Public

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

Notary Signature

Date