THE CENTER FOR ADVANCED REPRODUCTIVE SERVICES (CARS) (The Center)

CONSENT TO THE DISPOSAL OF CRYOPRESERVED MATERIALS
("Disposal Consent")

Partner #1 Last Name (Surname):__________________ Partner #1 First Name: ____________________

Partner #1 Last 5 Digits SS#:____________________ DOB: _________ Partner # 1: Gender M/F (Circle One)

Partner#2 Last Name (Surname):__________________ Partner #2 First Name: _____________________

Partner #2 Last 5 Digits SS#:_____________________ DOB: ________ Partner #2: Gender M/F (Circle One)

Address: ____________________________________

____

____

Phone Number: ______________________________

We (I) ____, the couple (individual) whose signature(s) appear below, request and hereby give consent for the disposal of our (my) cryopreserved materials by The Center for Advanced Reproductive Services, PC (The Center), and, as appropriate, its employees, contractors, consultants and authorized agents.

We (I) request that the Center dispose of our (my):

(We) (I) request disposal of (our) (my):
(Please check each box that applies)

❑ **Frozen embryos**
(Requires names and signatures of both members of the couple)

❑ **Frozen partner sperm, epididymal and/or testicular tissue**
(Requires male name and signature only; Partner name requested)

❑ **Frozen donor sperm**
(Requires female recipient name and signature only)

❑ **Frozen oocytes (eggs)**
(Requires female name and signature only)

We (I) acknowledge this disposal consent requires the signature of both members of the couple who signed the original embryo cryopreservation consent, the signature of the male partner only for sperm, epididymal and/or testicular tissue disposal and of the female patient for frozen oocytes or donor sperm. We (I) understand that if we (I) inherited these cryopreserved materials for our (my) own use or obtained the cryopreserved materials for use from a known donor, copies of these agreements and/or consents must be provided along with this consent. In that case, only the signature of the individual(s)/recipient(s) involved in that agreement is (are) required. We (I) have discussed alternatives to disposal, including donation to research or to another couple or individual (in cases of anonymous and/or compensated donors).

We (I) understand, agree and consent that, after proper completion of this form the cryopreserved embryos, sperm, epididymal and/or testicular tissue or oocytes will be discarded according to the Ethical Guidelines of the American Society for Reproductive Medicine . We (I) understand, agree and consent that prior to discard according to ASRM Ethical Guidelines the discarded embryos could be de-identified and utilized for laboratory training purposes. This will not include any experimentation or research with the embryos, and their use will be limited to training laboratory personnel in routine embryology techniques. These cryopreserved materials will no longer be available for use in any assisted reproductive technology (ART) or other fertility treatment or procedure. We (I) further understand and agree that all applicable storage fees will continue to be applied until a properly executed version of this consent is received by the Center.

Confidentiality. We (I)understand the confidentiality of medical records, including any photographs, X-rays or recordings, will be maintained in accordance with applicable state and federal laws. We (I) may request my records be released to other physicians.

Legal Actions. We (I) understand agree and consent that any legal actions that are required as a result of disagreements between the parties about the disposition or use of sperm, eggs or embryos will be at our (my) expense.

We (I) expect this procedure to be performed with not less than the customary standard of care. We (I) understand the risks and benefits as outlined, and further understand and agree that The Center shall be responsible only for acts of negligence on its part and the part of its employees, contractors, and consultants and authorized agents.

We (I) have had the opportunity to ask any questions we (I) might have and those questions have been answered to our (my) satisfaction. Any further questions may be addressed to The Center staff or IVF/ET Program Director, Dr. John Nulsen at 844-467-3483. We (I) acknowledge that disposal is being performed at our (my) request and with our (my) consent.

Please refer to the above for required signatures.

_____/_____/_____ ____________________________ ____________________________
Date Partner #1 Signature Print Name

Time: _______AM/PM

_____/_____/_____ _______________________________ _________________________
Date Witnessed By: Print Name

Time: _______AM/PM

Date: _____/_____/_____ _________________________________ ____________________________
Partner #2 Signature Print Name
Time: ________AM/PM

_____/_____/_____ _______________________________ _________________________
Date Witnessed By: Print Name

Time: _______AM/PM

***** If no partner, write N/A**

Note: Each Signature Must Be Witnessed Separately

<u>CARS (The Center) Representative Signature:</u>

This consent has been discussed with the patient or his/her parent/guardian (if applicable).

Date: _____/_____/_____ ____
CARS Representative Signature
Time: _______AM/PM

THE CENTER FOR ADVANCED REPRODUCTIVE SERVICES IN HARTFORD OR IN FARMINGTON MUST RECEIVE THIS CONSENT FORM <u>PRIOR TO</u> THE DISPOSITION OF THE MATERIALS. THIS COMPLETED AND NOTARIZED FORM MUST BE MAILED TO:

For All Patients:

Center for Advanced Reproductive Services
2 Batterson Park Road
Farmington, CT 06032
Tel. 844.467.3483 Ext. 8033
Fax: 860.838.6401
Attn: Alison

☐ **Important:** Please check here if a notarized version of this signature page is attached. (Note: it ***is*** acceptable for one member of the couple to sign in person in the office and the other to sign notarized version).