

OOCYTE/EMBRYO DISPOSITION CONSENT

I/We: _____ and _____
Patient Name/Last 4 Digits of SSN **Spouse/Partner Name**

by signing this document, freely consent to one of the following choices (marked by a check) for the disposition of the oocytes/embryos that are stored at the IVF Laboratory of Northwestern Medical Group (NMG):

1. I/We will use the oocytes/embryos for an embryo transfer procedure at NMG and agree to continue storage by paying the annual fee of \$500.00. Bill me to pay by credit card: Initials _____ or by check # _____ payable to Fertility and Reproductive Medicine.
- 2*. I/We authorize NMG to thaw all our oocytes/embryos without allowing for further development. I/We understand that (1) this decision is final and no further confirmation will be provided; (2) employees of NMG may proceed with this option immediately upon receiving this signed and notarized consent*.
- 3*. I/We will have all our oocytes/embryos moved to a cryopreservation facility as indicated below. I/We acknowledge that: (1) I/We are responsible for all fees and costs that are associated with shipping and handling of the oocytes/embryos; (2) NMG is not liable for any damage to or loss of the oocytes/embryos at any time after the oocytes/embryos leave the IVF Laboratory of NMG, and (3) I/we understand NMG will bill for storage if the oocytes/embryos are not moved out of NMG within 60 days of this signed and dated consent. Transportation of the oocytes/embryos will be arranged by:

Please indicate who will arrange the transportation, and provide details of receiving facility where the oocytes/embryos will be moved to:

3a. Patient/Spouse/Partner 3b. Receiving Facility 3c. FRM rental \$100 and \$500 Deposit

Receiving Facility Name: _____

Contact Person: _____

Phone and Fax Numbers: _____

Street Address: _____

City, State, and ZIP: _____

My signature below confirms that: on behalf of myself, my heirs, representatives and assigns, I freely agree to accept all costs and risks involved in the disposition of my oocytes/embryos, as directed herein, and I release and agree to defend, indemnify and hold harmless NMG, its affiliates and their respective employees, officers, directors, contractors, consultants and agents from any and all liabilities, costs, expenses, claims and damages of any kind relating to or arising from their actions taken in reliance on this Disposition Consent.

***NOTE: Option 2 or 3, oocyte(s) requires patient signature. Embryo requires both patient and partner signatures. In order for consent to be valid, signatures are required to be done in front of a Notary Public.**

Signature of Patient

DOB

Date

Notary Name: _____

City/State: _____

Signature: _____

Date: _____

Notary Seal