

Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



Consent for Cryopreservation of Oocytes

I, _____, understand and acknowledge the following:

Upon Death

Because there exists the possibility of me **dying** or **being unable to determine the fate of my stored oocytes**, I shall indicate my wishes now.

Science is advancing rapidly and I understand that one of my options would be to donate the oocytes to science for the creation of cell lines, tissues and other scientific pursuits (second option below). I also understand that one of three decisions **must** be made at this time.

I indicate my desire to have all of my cryopreserved oocytes undergo the following:

(MUST check only one)

- Oocyte donation to needy patients
 Oocyte donation to science/research
(including, but not necessarily limited to, embryonic stem cell research)
 Thaw, scientific study, degeneration & disposal

Name (Print)

(Date)

___/___/___

Signature

(Date)

___/___/___

I understand that the above requests will take effect should I die or become unable to determine the fate of the cryopreserved oocytes.

Acts of God:

I understand that a failure of mechanical and freezing support systems may occur. SRMS shall not be held liable for any destruction, damage or thawing caused by, or resulting from, malfunctions of the storage tanks, any utility failures, strikes, cessation of services, war, vandalism, fire, wind, earthquake, water or other acts of God.

Indemnity:

I shall indemnify and hold SRMS harmless for any costs of fees (including attorney fees), any losses SRMS suffers as a result of any litigation or dispute we have with each other and/or other parties. Additionally, I shall reimburse SRMS for any costs or legal fees that SRMS incurs in enforcing this Consent agreement.

Consent For Cryopreservation of Embryos (cont.)

Summary:

This agreement is not, however, a contract to cure, a warranty of treatment, nor a guarantee of conception. I do hereby absolve, release, indemnify, protect and hold harmless from any and all liability for the mental or physical nature of character of myself or any child or children so conceived or born, and for affirmative acts or acts of omission which may arise during the performance of this agreement.

I also understand that there may be other unforeseen risks by using cryopreservation. While it is not possible to anticipate all these risks, I have been notified of the potential for "unknown factors". I understand that the practice of medicine is not exact science. I understand that while the staff of SRMS has recommended this procedure, there is no guarantee made that it will be successful.

I understand that I may, at any time, direct SRMS to donate for uterine transfer or scientific study/research (including but not necessarily limited to embryonic stem cell research) any or all of the cryopreserved oocytes.

I understand that all ART procedures and this agreement are subject to the laws of the State of Florida and of the United States, both as they exist now and as they may exist in the future.

I, _____ authorize *Specialists in Reproductive Medicine & Surgery, P.A.*, and it's designated assistants, to perform cryopreservation on oocytes obtained through Assisted Reproductive Techniques (ART). I accept the possibility of complications with the use of the outlined procedures and wish to proceed with cryopreservation.

My questions have been answered to my satisfaction. All of the blanks in this consent have been filled prior to signing below:

Signature

Name (print)

___/___/___
Date

IVF Coordinator Signature

IVF Nurse's Name (print)

___/___/___
Date

Physician's Signature

Physician's Name (print)

___/___/___
Date

Updated: 2/7/2010

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