

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Donating Parents Packet Review Consent Form

We have read the provided information on the following treatment(s)/procedure(s):

- Patient Information and Consent to Donate Embryos
- Donating Parents Identifying Information
- Embryo Donation Stipulation Agreement

- Donating Parents Packet Review Consent Form (this form)
- Notification of New Genetic Concerns by Donating Parents
- Consent For Transfer to and Acceptance by SRMS for Cryopreserved Donated Embryos

We have read and understand the above patient information packet(s), and we have had an opportunity to ask questions regarding the above topic(s) and have had them answered to my satisfaction.

Our questions have been answered to our satisfaction.

_____ Woman's Signature	_____ Woman's Name (print)	____/____/____ Date
_____ Partner's Signature	_____ Partner's Name (print)	____/____/____ Date
_____ SRMS Nurse Coordinator's Signature	_____ SRMS Nurse Coordinator's Name (print)	____/____/____ Date
_____ SRMS Physician's Signature	_____ SRMS Physician's Name (print)	____/____/____ Date

Updated: 2/7/2010

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