

Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



Embryo Donation Stipulation Agreement

Thank you for donating your embryos!!

For Internal Use Only:
 Embryo Donation
 ID#: _____

We understand that, as Embryo Donors, we may stipulate certain requirements of the Embryo Recipients. We also understand that if the restrictions are too demanding, the embryos will not be chosen.

If you would like to review the Embryo Donation section of our web site, you may visit-

<http://www.dreamababy.com/embryo-donation.htm>

This stipulation agreement should be used for general information or as a worksheet. **We now ask that each potential embryo donor complete an on-line application which will allow you to list your stipulations in detail. This application may be found at-**

http://www.dreamababy.com/emb_app_general.php

The information that you provide via the on-line application will be placed into our database system. Once we review your information, we will contact you to discuss the embryo donation process. We will also need to discuss the quality of your embryos with the facility that created them. If we feel we may find a good home for your embryos and after you have signed all required consents, we will then have your embryos shipped to our facility. Once received, we will post some of the information you provided in the application on the web. Potential recipients will then be able to view the information you provided. Your names or any personal information will not be released or posted on the website.

Race, Religion and Others Stipulations:

We understand that the vast majority of patients will request embryos from the same race and religion as the recipients themselves. While understanding this, we stipulate the following:

Options	Parent(s) Initials and Date
<input type="checkbox"/> Our Embryo Recipients may be of any race (no requirements).	
<input type="checkbox"/> Our Embryo Recipients may only be of the following race(s): _____	_____ / ____/____
<input type="checkbox"/> Our Embryo Recipients will not be of the following races: _____	_____ / ____/____

<input type="checkbox"/> Our embryo recipients may practice any religion (no requirements). <input type="checkbox"/> Our embryo recipients may only practice the following religion: _____ <input type="checkbox"/> Our embryo recipients may not practice the following religion: _____	 _____ / ____ / ____ _____ / ____ / ____
<input type="checkbox"/> We request the following additional stipulations (please list):	 _____ / ____ / ____ _____ / ____ / ____

Single Women and Lesbian Couple Embryo Donation:

Specialists In Reproductive Medicine & Surgery, (SRMS), is often asked by single women and lesbian couples to assist them in expanding their family. Understanding that this is a sensitive topic and our personal choice, we agree to the following (Please initial **ALL** that apply):

Options	Parent(s) Initials and Date
<input type="checkbox"/> Single woman may use our Donated Embryos.	 _____ / ____ / ____ _____ / ____ / ____
<div style="border: 1px solid black; padding: 2px; display: inline-block;">And/Or...</div>	
<input type="checkbox"/> Lesbian couples may use our Donated Embryos	 _____ / ____ / ____ _____ / ____ / ____
<input type="checkbox"/> We only want heterosexual couples given our Donated Embryos. Single women and lesbian couples are not to be given our Donated Embryos.	 _____ / ____ / ____ _____ / ____ / ____

Limited Listing of the Donated Embryos:

SRMS commits to listing your embryos for donation for at least five years from the receiving of your embryos. After five years, SRMS may contact you to confirm your wishes in writing regarding the final disposition of the embryos. We will be given the choice at the five-year mark and agree to stipulate in writing to have the embryos thawed and destroyed, donated to science or sent to the location of our choice, at our own expense. If mutually decided upon, SRMS may choose to keep them in the Embryo Donation Program, but it is clearly understood that SRMS cannot routinely be responsible for holding Donated Embryos indefinitely that are not chosen within five years by qualified Embryo Recipients.

Our questions have been answered to our satisfaction. All of the blanks in this consent have been filled prior to the signing of the signatures below:

Embryo Donation Stipulation Agreement (cont.)

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

Updated: 2/7/2010

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