

**FDA EMBRYO ADOPTION WAIVER**

I, \_\_\_\_\_ & \_\_\_\_\_, am aware that the embryos I've selected for adoption have not been tested according to The Food and Drug Administration (FDA) requirements for all pertinent communicable diseases. The gamete sources of these embryos (both egg and sperm), were tested for infectious diseases and have been found to be negative, however; since the embryos were both created with the intention of donation when they were created, all pertinent FDA screening, including FDA screening panels, physical exams, and subsequent questionnaires were not completed. Efforts made to complete this testing retroactively have not been successful.

While DVIF&G does not feel that these embryos pose any increased risk of disease transmission they cannot be deemed "eligible" for transfer according to the FDA regulations.

I, \_\_\_\_\_ & \_\_\_\_\_, consent to have the embryos of \_\_\_\_\_ transferred to my uterus.

\_\_\_\_\_  
 Patient Name Printed                      Patient Name Signature                      Date

\_\_\_\_\_  
 Partner Name Printed                      Partner Name Signature                      Date

\_\_\_\_\_  
 DVIF&G Physician

