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www.startfertility.com

I _____ and my husband/partner
_____ request that the Delaware Valley Institute of Fertility & Genetics no longer retain my cryopreserved embryo(s) for my use. We request that DVIF&G handle my embryo(s) in the following manner:

Discard my embryo(s). This is accomplished by removing the embryo(s) from the liquid nitrogen and thawing it/them at room temperature to be discarded according to OSHA procedures and regulations concerning handling and disposing biological material.

Thaw frozen embryo(s) for internal laboratory research and training purposes.

Donate my embryo(s) to another couple or individual for reproductive purposes. Additional laboratory testing and consent forms will be required prior to exercising this option. You will be contacted by our Third Party Coordinator concerning these requirements.

This form must be notarized or witnessed by a DVIF&G staff member.

_____	_____
Patient Name	Date
_____	_____
Partner Name	Date
_____	_____
Witness	Date
_____	_____
Physician	Date