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[www.startfertility.com](http://www.startfertility.com)

I \_\_\_\_\_ and my husband/partner  
\_\_\_\_\_ request that the Delaware Valley Institute of Fertility & Genetics no longer retain my cryopreserved oocytes for my use. We request that DVIF&G handle my specimen in the following manner:

Discard my oocytes. This is accomplished by removing the specimen from the liquid nitrogen and thawing it at room temperature to be discarded according to OSHA procedures and regulations concerning handling and disposing biological material.

Thaw frozen oocytes for internal laboratory research and training purposes.

Donate my oocyte(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