CONSENT TO PERMANENT DISPOSAL (DONATION) OF CRYOGENICALLY PRESERVED EMBRYOS/OOCYTES/SPERM

Medical Record Number

Patient Name

Addressograph or Label - Patient Name, Medical Record Number

*****Donate to Research and/or Quality Improvement*****

I/We have participated in a program at Lucile Salter Packard Children's Hospital at Stanford ("Stanford") in which reproductive tissues, in the form of embryo(s), oocyte(s) and/or sperm, as indicated below, were cryopreserved for later use in attempting to initiate a successful pregnancy. I/We no longer wish to retain these reproductive tissues for my/our use in attempting to establish a pregnancy and desire to donate my/our reproductive tissues to research and/or quality improvement, as set forth below.

I/We have had the opportunity to discuss my/our decision to no longer attempt pregnancy with the cryopreserved reproductive tissues specified herein and to donate such reproductive tissues for quality improvement and/or research, as indicated above. I/We hereby authorize a Stanford staff member to remove the reproductive tissues from cryogenic storage, to utilize the reproductive tissues for quality improvement and/or research, and to thereafter dispose of them permanently.

I/We no longer desire to retain for use in attempting to establish a successful pregnancy the following reproductive tissues:

Embryo(s) _____ Patient Initials _____ Partner Initials

Oocyte(s)/ovarian tissue _____ Patient Initials

Sperm/testicular tissues _____ Patient Initials

_____ Patient Initials _____ Partner Initials All reproductive tissues indicated above that are currently cryogenically preserved at Stanford

OR

_____ Patient Initials _____ Partner Initials Only reproductive tissues indicated above from the following creation or collection: date(s):_____

The reproductive tissues are currently cryogenically preserved at Stanford. I/We hereby direct Stanford to donate all or some of the reproductive tissues indicated above to research and/or quality improvement as follows

Donation

Patient Initials	Partner Initials	
		Donate to Quality Improvement: I/We no longer wish to attempt pregnancy with the cryopreserved reproductive tissues indicated above, and I/we hereby authorize Stanford to allow my/our cryopreserved reproductive tissues to be used in ongoing efforts to develop and improve IVF techniques, train staff and conduct quality control. I understand that my/our decision to donate to quality improvement is a final decision that cannot be revoked at a later date.

AND/OR

Patient Initials	Partner Initials	
		Donate to Research: I/We no longer wish to attempt pregnancy with the cryopreserved reproductive tissues indicated above, and I/we hereby authorize Stanford to allow my/our cryopreserved reproductive tissue to be utilized for research. Donated materials may be used by researchers interested in the study of human reproduction or development or human embryonic stem cell research. By initialing this choice, you may be contacted by our research coordinator who will provide additional information and a separate research consent form.

Date	Time	Patient Signature	Patient Name	Patient DOB

Date	Time	Partner Signature	Partner Name	Partner DOB

(Please note: Consents signed in clinic must be witnessed by an unrelated Stanford staff member. Consents signed outside Stanford require notarization before return. ***BOTH*** *partners (as applicable)* ***MUST*** *sign this consent.)*

AS REQUIRED BY CALIFORNIA LAW, THE ORIGINAL OF THIS CONSENT SHALL BE KEPT IN YOUR MEDICAL RECORD AND A COPY PROVIDED TO YOU FOR YOUR RECORDS. THIS IS AN IMPORTANT DOCUMENT AND SHOULD BE RETAINED WITH OTHER VITAL RECORDS.

WITNESS:

Date	Time	Signature	Print Name

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of_____)

On_____before me, _____

(Date) (insert name and title of officer)

personally appeared_____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature **(Seal)**

WITNESS:

Date	Time	Signature	Print Name