

Female Partner: \_\_\_\_\_

Male Partner: \_\_\_\_\_

Chart # / IVF Chart # \_\_\_\_\_ / \_\_\_\_\_

**Embryo Disposal Consent**

We the undersigned, no longer require our cryopreserved embryos for our own reproductive use. We hereby authorize Heartland Fertility & Gynecology Clinic to:

*Please write yes or no as indicated and initial beside the applicable option to confirm your instructions*

- |   | Initials |
|---|----------|
| a) remove them from storage for subsequent disposal (yes/no)_____.  | _____    |
| or  |          |
| b) (i) for the reproductive use of a third party; (yes/no)_____.  | _____    |
| <i>If yes, Embryo Donation Consent must be executed by the parties)</i>   |          |
| (ii) to improve assisted reproduction procedures; (yes/no)_____.  | _____    |
| (iv) for a specific research project, the goals of which will be in the research project consent (yes/no)_____. | _____    |

We acknowledge that our consent has been given voluntarily and that the consequences have been fully explained to our satisfaction. We have read and we understand this document and the Consent Form Information sheet attached hereto as Schedule A.

DATED this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS