Reproductive Science Center
Helping people become parents

CONSENT TO DISCARD CRYOPRESERVED EMBRYOS

Reproductive Science Center, One Forbes Road, Lexington, MA 02421 (781) 674-1270

Female partner: _____ ***Date of birth:*** _____

Male partner: _____ ***Date of birth:*** _____

ENTER OWNER'S NAME and DATE OF BIRTH IN BLOCK CAPITAL LETTERS IN THE ABOVE SPACES.

Our / My notarized signatures indicate our / my directive that all of our / my embryos in cryogenic storage at the Reproductive Science Center are to be discarded. [To discard only specific embryos, please contact the Reproductive Science Center at (781) 674-1270.]

The Process of Discarding Embryos

For storage in liquid nitrogen, each embryo was sealed within a plastic straw in a small amount of cryoprotectant solution. Each straw is labeled permanently with the owner's name, date of cryopreservation and a number corresponding to each embryo. The straws containing the embryos you have elected to discard will be identified independently by two embryologists and then removed from the liquid nitrogen in which they have been stored. This uncontrolled warming to room temperature causes immediate rupture of the embryo cells. This damage is irreversible and the straw and its contents are disposed of as medical waste. The straw remains sealed and the embryo or any cellular material is used for no other purpose.

Consent to Discard

We / I have considered the alternative of retaining these embryos in cryogenic storage indefinitely and find this alternative to be unacceptable. We understand that once removed from liquid nitrogen in the manner described, these embryos will be rendered immediately and irreversibly nonviable and be no longer available to us / me for the purpose of attempting to establish a pregnancy.

We / I, being the rightful owner(s) of the embryos hereby instruct the Reproductive Science Center to discard the embryos using the procedure described to us / me. We / I have been afforded the opportunity to discuss our decision in this regard with the staff at the Reproductive Science Center.

We / I understand that this document must be notarized to ensure that our identities have been confirmed, and that the Reproductive Science Center will act on this instruction without further confirmation.

_____	_____	_____	_____
Female partner	Date	Male partner	Date

NOTARY PUBLIC SHOULD SIGN AND STAMP
IN THIS AREA TO RENDER DOCUMENT VALID.
This document cannot be accepted without notarization.

_____	_____
Witness	Date

If signed outside the Reproductive Science Center, these signatures ***must be notarized.***
Notarization is not required If both partners come to RSC with government-issued photo identification and sign with a representative of our practice.