

- + Del Mar Main Office: 11425 El Camino Real San Diego, CA 92130 Phone: 858.794.6363 Fax: 858.794.6360
- + Mission Valley Office: 591 Camino De La Reina Ste 1250 San Diego, CA 92108 Phone: 619.906.4471 Fax: 619.906.4475
- + Temecula Valley Office: 44274 George Cushman Ct Ste 201 Temecula, CA 92592 Phone: 951.303.0355 Fax: 951.294.5949

EGG (OOCYTE) DONATE TO LAB TRAINING

CONSENT

San Diego Fertility Center – IVF and Andrology Laboratories

I/We have:

_____ Egg(s) that I/We no longer want to continue to store, and want to
 Donate to Laboratory Training

These are from (check one):

- Self - Only egg provider needs to sign this donation consent
- Donor Code(s): _____ - Both Intended Parent(s) need to sign this donation consent

I/We wish to donate to training (check one):

- All egg(s) in storage
- Specific egg(s) (i.e. date, donor code, other): _____

Reason egg(s) is no longer needed: _____

I/We no longer want the cryopreserved material maintained in storage. Please **thaw and donate to training** material according to SDFC IVF protocol. Note: SDFC will donate frozen material 30 days from receipt of this form unless a written and signed letter of revocation is received. If donor tissue was used and/or cryopreserved, I/We warrant that I/We have no other contractual obligations to the donor that conflict with the intentions expressed in this document. After signatures are obtained, please return this consent ASAP.

X _____
 Patient Signature

 Date

 Patient Printed Name

 Date of Birth

X _____
 Partner Signature

 Date

 Partner Printed Name

 Date of Birth

 Notary

 Date

For Internal SDFC use:		
EO closed: _____	Remove Cryo Inv: _____	Lab Director: _____