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EMBRYO DONATE TO ANOTHER PATIENT(S)

CONSENT

San Diego Fertility Center – IVF and Andrology Laboratories

I/We have:

_____ Embryo(s) that I/We no longer want to continue to store, and
 want to Donate to Another Patient(s)

I/We wish to donate to another patient(s) (check one):

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

Reason embryo(s) is no longer needed: _____

I/We no longer want the cryopreserved material maintained in storage. Please **thaw and donate to another patient(s)** material according to SDFC IVF protocol. Note: SDFC will use 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: _____