

SDFC IVF Laboratory Training Consent

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I/We have:

_____ Embryo(s) that I/We wish to Donate to Lab Training

These are from (check one):

- Self / Self
- Self / Donor Donor Code: _____
- Donor / Donor Donor Code(s): _____

I/We wish to donate (check one):

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

_____ Sperm Vial(s) that I/We wish to Donate to Lab Training

These are from (check one):

- Self
- Donor Code(s): _____

I/We wish to donate (check one):

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

_____ Oocyte(s) that I/We wish to Donate to Lab Training

These are from (check one):

- Self
- Donor Code(s): _____

I/We wish to donate (check one):

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

I/We _____ and _____ no longer want the cryopreserved material maintained in storage. Please use the material for **training/quality control purposes** according to SDFC IVF protocol. The material will be discarded after use. Note: SDFC will discard 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. **This form must be notarized for the protection of you, SDFC IVF Lab, and the tissue.** After signatures and notarization are obtained, please mail, fax, or scan and email this Consent to the IVF Lab.

(Intended Parent-Patient Signature)

(Date)

Printed Name

Date of Birth

(Intended Parent-Patient Signature)

(Date)

Printed Name

Date of Birth

(Notary Signature)

(Date)