



55 Francisco Street, Suite 500
San Francisco, CA 94133

Patient PTR ID: _____ (for office use only)

Request for Instructions on the Disposition of Cryopreserved Embryo(s)

Date _____

Patient and Partner Name (please print) _____

Our records show that you have embryo(s) in frozen storage at our facility. This form is provided for you to give us instructions regarding the disposition of your frozen embryos. **Both partner's signatures must be notarized or witnessed by a PFC staff member.**

1. Discard my frozen embryos. I understand that all embryos stored in my name (from 1 or more IVF cycles) will be thawed and disposed of in accordance with professional, moral, and ethical standards and applicable legal requirements. I/We expect and direct that under no circumstances will these embryos be transferred to anyone else to be used in an attempt to create a viable pregnancy. I/We expect and direct PFC and its agents to ultimately destroy these embryos and acknowledge that no possibility for creation of a human life will exist subsequent to these actions. I/We have been given full information regarding any alternative actions and elect the embryo disposition described above. We understand that this action is final and that it will not be possible to recover these embryos after submission of this signed document.

First partner

Second partner

Notary (please stamp or attach acknowledgment)

Notary (please stamp or attach acknowledgment)