



**Pacific
Fertility
Center**

55 Francisco Street, Suite 500
San Francisco, CA 94133

Authorization to Donate Cryopreserved Embryos for Use in a Research Project

Date _____

Patient PTR ID: _____ (for office use only)

Patient and Partner Name (please print) _____

I/We understand that all embryos stored in my name (from 1 or more IVF cycles) will be shipped to Reprogenetics, LLC for research. The embryos may be studied on the cellular and genetic level with the aim of understanding aspects of normal and abnormal development. Comparative studies of cell division, cell cycle disorders, and DNA expression profiles could potentially lead to improvements in embryo culture by optimizing growth conditions. As a result, new avenues of treatment may emerge, including better methods to select the most viable embryo for transfer, ultimately improving pregnancy results. I/We understand that the embryos may also be used in an area of research concerning the development of technologies that will help improve the diagnosis of genetic and chromosomal disorders in the preimplantation embryo, thereby increasing the chance for a healthy baby.

I/We elect to have our embryos shipped to Reprogenetics, LLC for use in a research project. I/We understand that, following use in a research project, all embryos stored in my/our 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 Reprogenetics, LLC 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. I/We understand that this action is final and that it will not be possible to recover these embryos after submission of this signed document.

Both partner's signatures must be notarized OR witnessed by a PFC staff member.

First partner

Second partner

Notary (please stamp or attach acknowledgment)

Notary (please stamp or attach acknowledgment)