



AGREEMENT AND AUTHORIZATION FOR LIMITED FERTILIZATION AND DISPOSITION OF EXCESS OOCYTES

I desire to fertilize a maximum of _____ oocytes in my current IVF cycle. I understand that this may limit my fertilization success and outcome. I understand that if more oocytes are retrieved than are desired for this limited fertilization, I must select one of the three options listed below:

Fertilize only the agreed number of the fertilized oocytes and:

Dispose of the remaining oocytes consistent with professional ethical standards and applicable laws.
Patient's initials _____ Partner's initials _____

The remaining oocytes may be used for scientific examination, education, or research conducted in a manner consistent with professional ethical standards and applicable laws.
Patient's initials _____ Partner's initials _____

Consider the remaining oocytes for possible storage through cryopreservation (consent ED-823 and ED-823a will be needed).
Patient's initials _____ Partner's initials _____

Having been fully informed, we freely and voluntarily sign below:

Patient Printed Name

ID #

Patient signature

Date

Partner Printed Name

ID #

Partner signature

Date

Address

Witness

Date