



**AGREEMENT AND AUTHORIZATION FOR
DISPOSITION OF EXCESS OOCYTES IN CASE OF
POSSIBLE INADEQUATE SPERM AVAILABILITY**

(1) I desire to fertilize:

- All oocytes (go to (2))
- A maximum of _____ oocytes (go to (2))

(2) In the event no sperm or not enough sperm is available to meet that goal, I desire to inseminate (ICSI) with donor sperm:

- All or all remaining oocytes (go no further)
- A maximum of _____ oocytes (select one of the three options listed below*)
- None (select one of the three options listed below*)

***DISPOSITION OF EXCESS OOCYTES**

- Dispose of all or all remaining oocytes consistent with professional ethical standards and applicable laws.

Patient's initials _____ Partner's initials _____

- All or all 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 all or all 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