

REPRODUCTIVE MEDICINE & INFERTILITY ASSOCIATES
Woodbury Medical Arts Building
2101 Woodwinds Drive, Suite 100
Woodbury, MN 55125
651-222-6050

ADDENDUM TO THE
OOCYTE CRYOPRESERVATION AND STORAGE CONSENT

If the screening labs for blood born diseases for both patient and partner are negative, as qualified under the applicable FDA regulations, the oocytes may be stored at the RMIA for 1 year. If any such screening labs for blood born diseases are positive, all embryos preserved will automatically be shipped to a commercial storage facility immediately following the cryopreservation process (**approximately six (6) days after oocyte retrieval**).

Minimum number of oocytes we wish to cryopreserve (N4):

_____ oocyte(s).

If that goal is not met, then we wish to have the oocytes:

- Disposed of in a manner consistent with professional ethical standards and applicable laws.
- Donated to be used for scientific examination, education, or research in a manner consistent with professional ethical standards and applicable laws.

Patient's initials _____

Partner's initials _____

Maximum number of oocytes we wish to cryopreserve (N5):

No maximum – freeze all oocytes available

_____ oocytes only

We wish to have the remaining oocytes:

- Disposed of in a manner consistent with professional ethical standards and applicable laws.
- Donated to be used for scientific examination, education, or research in a manner consistent with professional ethical standards and applicable laws.

Patient's initials _____

Partner's initials _____



I authorize my oocytes to be cryopreserved, understand, and agree to the information stated above.

Printed Patient Name

ID #

Patient Signature

Date

Printed Partner Name

ID #

Partner Signature

Date

