

**Fertility Center, LLC
and
Embryo Services, LLC**

LEGAL STATEMENT: CRYOPRESERVATION OF EMBRYOS

We hereby agree to the following:

- In the event that our marriage is dissolved because of dissolution proceedings or death; or
- In the event that the wife experiences menopause or a hysterectomy or for any other reason becomes or is determined to be incapable of achieving implantation of the embryos; and
- In the absence of any other legally enforceable agreement or other document or a directive from a court addressing this issue,

IT IS AGREED THAT OWNERSHIP AND CONTROL OF THE EMBRYOS SHALL BE HELD BY:

(Both please initial choice)

YES _____
NO _____

Wife, but if she is unable or unwilling to assume such ownership or control, then by husband; but if he is unable or unwilling to assume such ownership and control, then by the ART Program at the Fertility Center; or

YES _____
NO _____

Husband, but if he is unable or unwilling to assume ownership or control, then by wife; but if she is unable or unwilling to assume ownership and control, then by the ART Program at the Fertility Center; or

YES _____
NO _____

Husband and wife jointly, but if one is unable or unwilling to assume such ownership and control, then by the other solely; and if both are unable or unwilling to assume such ownership and control, then by the ART Program at the Fertility Center; or

YES _____
NO _____

The ART Program at the Fertility Center.

In the event that ownership and control is held by the ART Program at the Fertility Center in accordance with this agreement and/or applicable law, then it is our understanding that such ownership and control shall be exercised in accordance with the Fertility Center's ART Program policies and applicable legal and ethical principles and, to the extent otherwise permitted by law, it is our desire that the ART Program be authorized to do each or all of the following, as indicated:

(Both please initial choice)

YES _____
NO _____

Donate the embryos for use by other infertile couples, if otherwise permitted by applicable law. We waive any and all claims to the right of the children. Any children from this process are the legal children of the recipient couples.

YES _____
NO _____

Use of the embryos in research projects permitted under the Fertility Center's policies and applicable legal requirements. (No human research projects are presently under consideration by the ART Program.)

YES _____
NO _____

Dispose of the embryos in an acceptable manner, in accordance with the Fertility Center's ART Program policies and applicable legal requirements.

Patient's signature

Date

Spouse's signature

Date

Notary's signature

Date

Commission Expires On

Date

I have thoroughly reviewed the information contained in this consent with the above named persons and believe they have made an informed decision regarding assisted reproductive treatment.

Staff Signature

Date

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NOTE: It is suggested that a copy of this form be kept in your safety deposit box or another place in which you keep important documents and that, if you have a personal attorney, he also be given a copy.