

Disposition of Eggs Declaration of Current Intent

PLEASE INITIAL EVERY PAGE (both partners)

I have decided to undergo egg retrieval in which my eggs will be removed from my ovaries for use either at the time of retrieval or at some time in the future.

Because of the possibility of my death, incapacitation, or loss of contact or payment for storage after eggs have been produced, it understand it is important for the clinic to know my preference for disposition of any eggs (fresh or cryopreserved) that remain in the laboratory in such situations.

Currently, the alternatives are:

1. Transfer of control of egg(s) to partner / spouse;
2. Discard the cryopreserved egg(s);
3. Donate the cryopreserved egg(s) for approved research studies; or
4. Donate the cryopreserved egg(s) to another couple in order to attempt pregnancy.

This declaration indicates my current choice for the disposition of my eggs. I understand that I am free to modify these choices at any later time (by completing a new version of this form), and furthermore that a separate agreement will be required at the time of their use.

Note that marital status either at the time of retrieval or the time of later disposition may affect my use of these eggs. Individual clinic policy or state law may also affect my ability to use these eggs, and who may need to give consent for their use.

I also agree that in the event that my chosen dispositional choices are not available, whether through nonpayment of storage fees or otherwise, the clinic is authorized to discard and destroy my eggs.

DECLARATION:

In the event that I die prior to use of all the eggs, I agree that the eggs should be disposed of in the following manner (check only one box):

- Award to my surviving spouse or partner, which gives him or her complete control for any purpose, including implantation, donation for research, or destruction. This may entail maintaining the eggs in storage, and the fees and other payments due the clinic for these cryopreservation services.
- Donate to an anonymous couple or individual for reproductive purposes (requires that certain federal requirements have been met). Since egg donation to achieve a pregnancy is regulated by the FDA (U.S. Food and Drug Administration) as well as state laws, certain screening and testing of the persons providing the sperm and eggs are required before donation can occur.
- Donate to a designated couple or individual for reproductive purposes. Since egg donation to achieve a pregnancy is regulated by the FDA (U.S. Food and Drug Administration) as well as state laws, certain screening and testing of the persons providing the sperm and eggs are required before donation can occur.

Donate to: Name _____

Address _____

Telephone _____

Email _____

Note: In the event the designated couple or individual is unable or unwilling to accept the eggs, the clinic will control the donation.

Award for research purposes, including but not limited to fertilization of the eggs and embryonic stem cell research, which may result in the destruction of the eggs and any resulting embryos but will not result in the birth of a child. Egg donation for research purposes may be restricted by applicable state or federal law that governs your jurisdiction. Patients are advised to check applicable laws or regulations governing research donation of eggs.

Destroy the eggs.

Nonpayment of Cryopreservation Storage Fees

Maintaining egg(s) in a frozen state is labor intensive and expensive. There are fees associated with freezing and maintaining cryopreserved egg(s). Patients who have frozen egg(s) must remain in contact with the clinic on an annual basis in order to inform the clinic of her wishes as well as to pay fees associated with the storage of egg(s). In situations where there is no contact with the clinic for a period of **2** years or fees associated with egg storage have not been paid for a period of **2** years and the clinic is unable to contact you after reasonable efforts have been made (via registered mail at last known address), the egg(s) may be destroyed by the clinic in accordance with normal laboratory procedures and applicable law.

If I fail to pay the overdue storage fees within 30 days from the date of said mailing, such failure to pay constitutes my/our express authorization to the clinic to follow the disposition instructions I have elected below without further communications to or from me (check one box only):

Award for research purposes, including but not limited to embryonic stem cell research, which may result in the destruction of the frozen eggs but will not result in the birth of a child.

Destroy the frozen eggs.

Age-Limited Storage of Eggs

I understand that the Clinic will not use my eggs to produce a pregnancy in me after I reach age 55 years of age or in a gestational carrier after that same age for the purpose of my becoming a mother after I reach age 60 years of age. After this age, I elect (check one box only):

Award for research purposes, including but not limited to embryonic stem cell research, which may result in the destruction of the frozen eggs but will not result in the birth of a child.

Destroy the frozen eggs.

Transfer to a storage facility at my expense.

Donate the cryopreserved eggs to another couple for reproductive purposes.

Note Regarding Donation of Frozen Eggs for Research Purposes

If you selected the option “award for research purposes” under any of the preceding circumstances, as a donor of human eggs to research, including but not limited to stem cell research, you should be aware of the following:

- Donating egg(s) for research may not be possible or may be restricted by law. While efforts will be made to abide by your wishes, no guarantees can be given that egg(s) will be used for research. In these instances, if after _____ years no recipient

or research project can be found, or your eggs are not eligible, your egg(s) will be destroyed and discarded by the lab in accordance with laboratory procedures and applicable laws.

- The eggs may be used to derive human pluripotent stem cells for research and the cells may be used, at some future time, for human transplantation research.
- All identifiers associated with the eggs will be removed prior to the derivation of human pluripotent stem cells.
- Donors to research will not receive any information about subsequent testing on the egg or the derived human pluripotent cells.
- Derived cells or cell lines, with all identifiers removed, may be kept for many years.
- It is possible the donated material may have commercial potential, but as the egg donor you will receive no financial or other benefit from any future commercial development.
- Human pluripotent stem cell research is not intended to provide direct medical benefit to the egg donor.
- Any embryos formed with your eggs will not be transferred to a woman's uterus, nor will the embryos survive the human pluripotent stem cell derivation process. Embryos will be handled respectfully, as is appropriate for all human tissue used in research.
- The sperm donor may be required to provide a signed, written consent for use of the resulting embryos for research purposes.

Legal Considerations and Legal Counsel

The law regarding egg cryopreservation, subsequent thaw and use, and parent-child status of any resulting child(ren) is, or may be, unsettled in the state in which either the patient, spouse, partner, or any donor currently or in the future lives, or the state in which the ART Program is located. I acknowledge that the ART Program has not given any legal advice, that I am not relying on the ART Program to give any legal advice, and that I have been informed that I may wish to consult a lawyer who is experienced in the areas of reproductive law and egg cryopreservation and disposition if I have any questions or concerns about the present or future status of my eggs, my individual access to them, my individual parental status as to any resulting child, or about any other aspect of this consent and agreement.

Note that marital status either at the time of retrieval or the time of later disposition may affect my use of these eggs. Individual clinic policy or state law may affect my ability to use my eggs.

My signature below certifies the disposition selection I have made above. I understand that I can change my selection in the future, but need a written and notarized agreement as outlined above. I also understand that in the event that none of my elected choices is available, the clinic is authorized, without further notice, to destroy and discard my frozen eggs.

X

Patient Signature

Date

Patient Name

Date of Birth

Notary Public

Sworn and subscribed before me on this ____ day of _____, _____.

Notary Signature

Date

X

Spouse / Partner Signature (if applicable)

Date

Spouse / Partner Name

Date of Birth

Notary Public

Sworn and subscribed before me on this ____ day of _____, _____.

Notary Signature

Date