

**FERTILITY CENTERS OF ILLINOIS – “FCI”
AND GAMETE RESOURCES, INC. – “GRI”**

(For Office Use:
Apply Patient Label Here)

I/We _____ and _____, the rightful and legal
owner(s) of my/our cryopreserved (frozen) eggs at FCI and GRI, no longer wish to retain these eggs for my/our own use
for the purposes of establishing a pregnancy.

Signature-Patient _____ Date _____

Signature-Partner (if applicable) _____ Date _____

The specimens to be removed from cryogenic storage are:

To be completed by specimen owner(s)		To be completed by GRI or FCI			
Please Initial	Type of Specimen	Number	Date Frozen	Specimen ID Number	Date Discarded/Initials
_____ Patient/Partner (if applicable)	Egg(s)				

I/We have had the opportunity to discuss my/our decision to **discard** the egg(s) specified herein and understand that removal of these eggs from cryogenic storage will render them non-viable and therefore no longer available for the purpose of attempting to establish a pregnancy. I/We have been advised of alternative disposition options including long-term cryopreservation storage, donation to another individual/couple (if applicable), donation for research (if available), and find each to be unacceptable.

It is my/our decision is to remove these eggs from cryogenic storage.
I/We hereby authorize a GRI staff member to remove the eggs specified above from cryogenic storage. The specimen(s) will be thawed and disposed of according to acceptable laboratory practices.

Signature-Patient _____ Date _____

Signature-Partner (if applicable) _____ Date _____

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ACKNOWLEDGEMENT

I/We have been fully advised of the purpose, risks and benefits of each of the procedures indicated above and have been informed of the available alternatives and risks and benefits of such alternatives. This information has been supplemented by my/our consultation with my/our medical team. I/We have had the opportunity to ask questions and all my/our questions have been answered to my/our satisfaction.

I/We agree to hold harmless, indemnify and release FCI and GRI, their agents, employees, officers, directors, representatives and physicians from any and all responsibilities, claims, actions, liabilities, attorney fees, damages, losses, penalties, fines and interest of any kind resulting from the discarding of my/our eggs at FCI and GRI.

I/We have carefully read this agreement and have had the opportunity to ask questions. I/We have had all my/our questions answered to my/our satisfaction and I/we fully understand its contents. I/We acknowledge that I/we have signed this consent of my/our own free will and have had ample time to reach my/our decision, free from pressure and coercion.

Signature-Patient

Date

Signature-Partner (if applicable)

Date

Type of Picture Identification (Attach copy)

Patient:

____ Driver's License ____ Passport ____ Other: _____

Picture Identification(s) Confirmed on Date: ____/____/____

Witness - Print Name and Title

Witness – Signature

Partner (if applicable):

____ Driver's License ____ Passport ____ Other: _____

Picture Identification(s) Confirmed on Date: ____/____/____

Witness - Print Name and Title

Witness – Signature

Consents signed outside the Practice must be notarized and dated.

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For Patient

State of _____ County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____

NOTARY SEAL

Notary Signature _____

Notary Printed Name _____

My appointment expires: _____

For Partner (if applicable)

State of _____ County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____

NOTARY SEAL

Notary Signature _____

Notary Printed Name _____

My appointment expires: _____