

# Consent to Donate Embryos

## Purpose of the Embryo Donation Program

Embryo donation is the process whereby cryopreserved, preimplantation stage embryos generated by one couple through in vitro fertilization are given to another couple that cannot generate their own embryos due to problems with their eggs, sperm or both.

## Waiving of Rights and Claims:

I / We understand that my/our identity will be kept in the strictest confidence and will never be released to the recipient(s) unless North Hudson IVF Center is placed under court order to do so. I / We understand that I / we waive any right and relinquish any claim to my/our donated embryos, namely, my/our genetic material or any pregnancy or offspring that might result from them. I / We agree that the recipient may regard the embryos and offspring as her/their own. I / We agree never to attempt to determine the identity of the recipient of the donated embryos or any offspring that may result from them.

## Consent

1. I understand that the cryopreserved, preimplantation embryos I / we wish to donate were generated when the egg(s) taken from my ovaries were mixed in the laboratory with sperm from my husband, intimate partner or an anonymous donor. I / We understand that these embryos were deemed to have good developmental potential and were cryopreserved in order to maintain their developmental potential for a future date. I / We understand that these embryos will be thawed and transferred to the uterus of a recipient with the intention of generating a pregnancy and subsequent offspring. I / We hereby certify that these procedures have been explained to me/us and that I / we hereby consent to donate my/our embryos to North Hudson IVF Center for this purpose.
2. I / We understand and agree that my/our identity will be kept in the strictest confidence and will never be released to the recipient couple unless North Hudson IVF Center is placed under court order to do so. I / We agree to waive any right and relinquish any claim to my/our donated embryos, namely, my/our genetic material or any pregnancy or offspring that might result from them. I / We agree that the recipient may regard the donated embryos and any resulting offspring as her own. I / We agree never to attempt to determine the identity of the recipient of the donated embryos or any offspring that may result from them.
3. I / We understand and acknowledge that the staff at North Hudson IVF has not undertaken hereby, or in any other document or oral communication, to advise me/us of my/our legal rights, now existing or hereafter arising, and specifically disclaim any responsibility to do so. I understand that North Hudson IVF Center recommends that I / we consult legal counsel so as to be fully informed of my/our legal rights and obligations, but if I / we elect not to do so, such election is hereby acknowledged to have been determined without reliance upon statements, oral or written of North Hudson IVF Center.

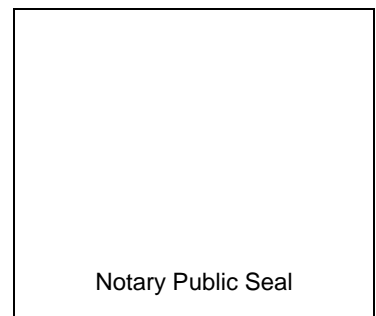
\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Print Name and Date

\_\_\_\_\_  
Print Name and Date

Notary Public:



Notary Public Seal