AUTHORIZATION TO DESTROY CRYOPRESERVED EMBRYOS

We have been participants in the In Vitro Fertilization Program and the Embryo Cryopreservation Program at North Hudson IVF Center. Our embryos, which were generated through in vitro fertilization, have been cryopreserved (frozen) and stored at North Hudson IVF Center with the intention of later use to initiate a pregnancy.

We, _____ and _____ no longer wish to participate in the Embryo Cryopreservation Program at North Hudson IVF. Accordingly, we wish to thaw and discard (destroy) all of our stored embryos. We understand that under no circumstances will the embryos be transferred to a recipient's uterus with the intention of generating a pregnancy. We understand and agree that once the embryos have been thawed and discarded by North Hudson IVF Center, we no longer have any claims to our embryos.

_____ _____

Patient's Signature Date

_____ _____

Partner's Signature Date

_____ _____

Notary Public Date

Embryos were destroyed on ___/___/___ at _____ am/pm in the presence of:

_____ _____

Print Name Signature

Notary Public Seal