

AUTHORIZATION FOR RELEASE OF 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 Center. Accordingly, we wish to remove from North Hudson IVF Center a total of _____ straws containing _____ embryos that were cryopreserved on _____.

We have been advised that removal of the embryos from the North Hudson IVF Center may jeopardize their viability and/or developmental potential. Furthermore, we have been advised that in order to maintain viability and developmental potential, the embryos must remain in a frozen state during transport and if they are allowed to thaw during transport, the embryos will no longer be capable of initiating a pregnancy. We understand and agree that once the embryos have been removed from the premises, North Hudson IVF Center is no longer responsible for maintaining the viability and developmental potential of the embryos.

Patient's Signature

Date

Partner's Signature

Date

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

Print Name

Signature