

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

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

Signature - Female Patient

_____/_____/_____
Date

The specimens to be removed from cryogenic storage are:

To be completed by specimen owner(s)

To be completed by GRI

<i>Please Initial</i>	<i>Type of Specimen</i>	<i>Number</i>	<i>Date Frozen</i>	<i>Specimen ID Number</i>	<i>Date discarded/ (Initials)</i>
	EGG(S)				

I have had the opportunity to discuss my 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 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 decision is to remove these eggs from cryogenic storage.

I 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, Female Patient

Date

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ACKNOWLEDGEMENT

I 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 consultation with my medical team. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

I 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 eggs at FCI and GRI.

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

_____ Signature-Female Patient	_____ Date
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Type of Picture Identification

Female Patient:

_____ Drivers 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.

Female 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 Signature

NOTARY SEAL:

Print Name

My appointment expires: _____