



Fertility and
Reproductive Health



CONSENT • REI CENTER • FREEZING &
DISPOSITION OF EMBRYOS

Medical Record Number

Patient Name

Page 1 of 7

Addressograph or Label - Patient Name, Medical Record Number

- A. **Introduction.** Lucile Salter Packard Children's Hospital at Stanford (Stanford) desires to provide you with relevant and appropriate information so that you may make an informed and voluntary choice regarding the disposition of any embryos remaining following your treatment. Frequently, the IVF process produces more embryos than the participants in that process with to have transferred as part of their IVF cycle. The freezing process, as outlined in the Embryo Cryopreservation section of this In Vitro Fertilization Consent Booklet, describes the freezing process. Because of the possibility of you and/or your partner's separation, divorce, death or incapacitation after embryos have been produced, it is important to decide on the disposition of any embryos that remain in the laboratory in these situations. Since this is a rapidly evolved field, both medically and legally, Stanford cannot guarantee what the available or acceptable avenues for disposition will be at any future date.
- B. **Embryo Freezing.** By my/our signature(s) below, I/we confirm that I/we have read and understood the information related to Embryo Freezing presented in this In Vitro Fertilization Consent Booklet. Stanford maintains frozen embryos (i) for transfer into the patient until the patient reaches the age of 55 or (ii) for transfer into a gestational surrogate until the patient reaches the age of 59.
- C. **Financial Terms.** I/we understand that I/we will be billed an annual storage fee for cryopreservation of embryos following the initial twelve (12) months of storage. If continued storage is desired, I/we are responsible for timely payment of the storage fee which shall be billed in advance of each subsequent twelve (12) month period. Payment is due within thirty (30) days of billing.
- D. **Change of Address.** I/we understand that it is my/our responsibility to notify Stanford promptly in writing of any change of address or telephone number.
- E. **Abandoned Embryos.** I/we understand that my/our embryos will be considered to be abandoned if I/we have not paid in accordance with the Financial Terms above and, despite diligent efforts including certified mail, Stanford is unable to contact me at my last known address. If I/we do not respond within one (1) year of the certified letter, Stanford reserves the right to discontinue storage and follow the disposition instructions and discard in accordance with normal laboratory procedures and applicable law.



F. **Important Notes Regarding Embryo Disposition.**

- Embryos cannot be used to produce pregnancy against the wishes of the partner. For example, in the event of a separation or divorce, embryos cannot be used to create a pregnancy without the express, written consent of both parties, even if donor gametes were used to create the embryos.
- Disposition of embryos that are created using donated sperm or eggs may be subject to prior enforceable agreements that you have entered into with a sperm, egg or embryo donor.
- Embryo donation to achieve a pregnancy is regulated by the FDA (U.S. Food and Drug Administration), as well as state laws, as donated tissue. Certain screening and testing of the persons providing the sperm and eggs are required before donation can occur.
- You are free to revise the choices you indicate here at any time by completing another form in person at Stanford or remotely, provided it is notarized.
- Your wills should also include your wishes on disposition of the embryos and be consistent with this consent form. Any discrepancies will need to be resolved by court order.

G. **Embryos Donated for Research.** If you are considering donating any unused embryos for research, you should know the following:

- Early human embryos may be used to derive human pluripotent stem cells for research. The cells may be used, at some future time, for human transplantation research.
- All identifiers associated with the embryos will be removed prior to the derivation of human pluripotent stem cells.
- You will not receive any information about subsequent testing on the embryo or the derived human pluripotent cells.
- Derived cells or cell lines, with all identifiers removed, may be kept for many years.
- The donated material may have commercial potential, and you will not receive financial or any other benefits from any future commercial development.
- Human pluripotent stem cell research is not intended to provide direct medical benefit to you.
- Early human embryos donated will not be transferred to a woman's uterus, will not survive the human pluripotent stem cell derivation process, and will be handled respectfully, as is appropriate for all human tissue used in research.
- If the donated embryos were formed with gametes (eggs or sperm) from someone other than the patient and her spouse or partner (those who sign this document), the gamete donor(s) may be required to provide a signed, written consent for use of the resulting embryos for research purposes.



Medical Record Number

Patient Name

**CONSENT • REI CENTER • FREEZING &
DISPOSITION OF EMBRYOS**

Page 3 of 7

Addressograph or Label - Patient Name, Medical Record Number

H. **Legal Considerations.** The law regarding embryo cryopreservation, subsequent thaw and use, and parent-child status of any resulting child(ren) is, or may be, unsettled in California or the state in which either the patient, spouse, partner, or any donor currently or in the future lives. I/We acknowledge that Stanford has not given us legal advice, that we are not relying on Stanford to give us any legal advice, and that we have been informed that we may wish to consult a lawyer who is experienced in the areas of reproductive law and embryo cryopreservation and disposition if we have any questions or concerns about the present or future status of our embryos, our individual or joint access to them, our individual or joint parental status as to any resulting child, or about any other aspect of this consent and agreement.

DISPOSITION DIRECTIVES

A. Death of Patient or Partner

In the event the patient or her partner dies prior to use of all the embryos, the patient and partner desire the embryos to be (*check only one box*):

- Made available to the living patient or partner, providing complete control for any purpose, including reproductive use, donation for research or to another couple, or destruction. This may entail maintaining the embryos in storage, and the fees and other payments due the clinic for these cryopreservation services. _____
Patient Initials _____
Patient Initials
- Donation for quality improvement and /or research purposes. _____
Patient Initials _____
Patient Initials
- Discard. _____
Patient Initials _____
Patient Initials
- Donation to another couple or individual for reproductive purposes. This may entail maintaining the embryos in storage, and the fees and other payments due to Stanford for these cryopreservation services. _____
Patient Initials _____
Patient Initials
- Other disposition (*Describe*) _____ _____
Patient Initials _____
Patient Initials



Medical Record Number

Patient Name

**CONSENT • REI CENTER • FREEZING &
DISPOSITION OF EMBRYOS**

Page 4 of 7

Addressograph or Label - Patient Name, Medical Record Number

B. Death of Both Patient and Partner or Patient Without Partner

In the event of death of both the patient and her partner or the death of a patient without a partner, prior to use of all the embryos, the embryos should be disposed of in the following manner (*check one box only*):

Donation for quality improvement and /or research purposes.

Patient Initials Patient Initials

Discard.

Patient Initials Patient Initials

Donation to another couple or individual for reproductive purposes. This may entail maintaining the embryos in storage, and the fees and other payments due to Stanford for these cryopreservation services.

Patient Initials Patient Initials

Other disposition (*Describe*) _____

Patient Initials Patient Initials



Medical Record Number

Patient Name

**CONSENT • REI CENTER • FREEZING &
DISPOSITION OF EMBRYOS**

Page 5 of 7

Addressograph or Label - Patient Name, Medical Record Number

C. Separation or Divorce of the Partners

In the event of separation, dissolution or divorce of the patient and her partner the embryos should be disposed of in the following manner (*check one box only*):

Donation for quality improvement and /or research purposes.

Patient Initials Patient Initials

Discard.

Patient Initials Patient Initials

Made available to the female partner.**

Patient Initials Patient Initials

Made available to the male partner.**

Patient Initials Patient Initials

Donation to another couple or individual for reproductive purposes. This may entail maintaining the embryos in storage, and the fees and other payments due to Stanford for these cryopreservation services.

Patient Initials Patient Initials

Other disposition (*Describe*) _____

Patient Initials Patient Initials

** Note: Additional consent of both patient and partner will be required; legal consultation is recommended.



Medical Record Number

Patient Name

CONSENT • REI CENTER • FREEZING & DISPOSITION OF EMBRYOS

Page 6 of 7

Addressograph or Label - Patient Name, Medical Record Number

D. Nonpayment of Cryopreservation Storage Fees

Maintaining embryo(s) in a frozen state is labor intensive and expensive. Patients/partners who have frozen embryo(s) are responsible for timely payment of annual storage fees. Payment is due within thirty (30) days of billing. In the event of non-payment, Stanford will try to contact patient and partner at the last known address(es) by certified mail. If the patient and partner do not respond within one (1) year of the certified letter, Stanford reserves the right to discontinue storage and follow the disposition instructions elected below without further communications to or from patient and partner (*check one box only*):

Donation for quality improvement.

Patient Initials Patient Initials

Discard.

Patient Initials Patient Initials

Donation to another couple or individual for reproductive purposes. This may entail maintaining the embryos in storage, and the fees and other payments due to Stanford for these cryopreservation services.

Patient Initials Patient Initials

Other disposition (*Describe*) _____

Patient Initials Patient Initials

*** Note: Additional consent of both patient and partner will be required; legal consultation is recommended.*

****Special note for embryos created with gamete donors:** If your embryos were formed using gametes (eggs or sperm) from a known third-party donor, your instruction to donate these embryos to another couple or individual must be consistent with and in accordance with any and all prior agreements made with the gamete donor(s). If anonymous donor gametes were used, written authorization from the gamete donor must have been obtained to use these gametes for anything other than reproduction or destruction of the embryos.

