I/We have been informed that our Reproductive Donor of Embryos does not meet established screening or testing criteria by FDA due to:

- Embryos were frozen before May 25, 2005
- Embryos were frozen with no intention to transfer to a gestational carrier

These criteria are meant to minimize the risk of spreading communicable diseases.

The departure(s) is/are:

- Infectious diseases testing done at the time of oocyte retrieval but FDA Testing performed after oocyte retrieval and embryos were cryopreserved for
  - Oocyte donor
  - Sperm donor

The possible consequence(s) of having these embryos transferred could be:

- Minimal risk of infection

We are aware the reproductive tissue will be labeled as follows:

Exempt/ advised of subsequent testing

COPY TO LABORATORY TO ENSURE PROPER LABELING OF SAMPLES

After discussing with my/our physician the possible consequences of having these embryos transferred, I/We have decided to accept the above risks and go forward with the transfer. I am aware that screening and testing of the donors were not performed at the time of cryopreservation of the reproductive cells or tissue, but have been performed subsequently. I/We hereby authorize Lucile Salter Packard Children’s Hospital at Stanford to proceed with the transfer of these into my uterus:

Gestational Carrier ___________________________________________ Date ___________________

Gestational Carrier Partner __________________________________ Date ___________________

Physician ___________________________________________ Date ___________________

Intended Parent ___________________________________________ Date ___________________

Intended Parent ___________________________________________ Date ___________________

Physician ___________________________________________ Date ___________________

L15583 (12/15) White - Medical Records Yellow - REI Center Pink - Patient