

Female Patient Name: _____ Social Security # _____

Male Patient Name: _____ Social Security # _____



THE CENTER FOR HUMAN REPRODUCTION (CHR)—ILLINOIS/NEW YORK CITY*
CONSENT TO RELINQUISH PARENTAL RIGHTS OF ALL EXISTING EMBRYOS
Description, Explanation and Informed Consent

We understand that by signing this consent we give up parental rights to all of our, at the Center for Human Reproduction (CHR) existing, embryo(s) through one of three options described below:

- **Option #1:** The **disposal** of all existing embryo(s) in an ethically-accepted manner according to the Center for Human Reproduction (CHR) Guidelines and the American Society for Reproductive Medicine Ethical Standards.
- **Option #2:** The use of all existing embryo(s) for Institutional Review Board-Approved medical **research** according to the Center for Human Reproduction (CHR) Guidelines and the American Society for Reproductive Medicine Ethical Standards. Allowing CHR to use embryo(s) for research will help achieve advancements in the field of embryology and, indirectly, help other infertile couples.
- **Option #3:** The **donation** of all existing embryo(s) for use by an anonymous recipient in accordance with the regulations and policies in force at the Center for Human Reproduction (CHR) at the time of the donation. This CHR program is called **Embryo Adoption Program**. We understand that both donor partners must complete a donor profile. If the embryo(s) are accepted for embryo adoption, both donating partners will have in timely fashion certain blood tests performed by CHR at no charge to them. We understand that CHR will notify us what blood tests are necessary and when they will be performed. We also understand, that, if we do not have all blood tests completed within 90 days from the time we are requested to have them, all of our embryo(s) will be destroyed according to the Center for Human Reproduction (CHR) Guidelines and the American Society for Reproductive Medicine Ethical Standards. We furthermore understand that, if CHR determines that the embryo(s) are not acceptable for use in the Embryo Adoption Program, they will be disposed of, following the Center for Human Reproduction (CHR) Guidelines and the American Society for Reproductive Medicine Ethical Standards.

We have had all of our questions answered regarding the above described options and understand that we also have the option to continue to pay monthly storage fees to preserve our embryo(s) for future use. By initialing our option we have chosen the following:

_____ **Option# 1: Disposal** of all existing embryo(s).
Female _____ Partner

_____ **Option# 2: Use of embryo(s) for research.**
Female _____ Partner

_____ **Option# 3: Donation** to CHR's Embryo Adoption Program.
Female _____ Partner

* Per NY State Law doing business as the Medical Offices for Human Reproduction (MOHR)
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Revised: 04/24/2001

All of our questions regarding the Center for Human Reproduction Consent To Relinquish Parental Rights To All Existing Embryos have been answered. Each of us has read the consent and acknowledges receipt of a copy of this consent.

Date Signature of Female Patient Female Name – Print

Date Signature of Partner Partner Name – Print

As one of the members of The Center for Human Reproduction, by my signature indicate that the foregoing consent was read, discussed and signed in my presence.

Date Signature of Witness (Female Patient) Witness Name – Print

Date Signature of Witness (Partner) Witness Name – Print

NOTE: If you or your partner are unable to have this consent witnessed by a staff member at CHR or FULLY UNDERSTAND THE CONSENT, please notify the CHR medical staff. We will provide you with further information and a witness. If you wish to sign the consent outside of CHR, please have the consent notarized.

State of _____, County of _____ ss., I, the undersigned, a Notary Public in and for the said County in the

State aforesaid; DO HEREBY CERTIFY that _____
(Female Patient / Partner)

personally known to me as the same persons whose names are subscribed to the foregoing document appeared before me this day in persons, and acknowledged that he and she signed, sealed and delivered the said document as his and her free and voluntary act, for the use and purposes therein set forth.

Given under my hand and official seal this _____ day of _____, 20_____,
Commission expires on: _____, 20_____.

(Notary Public)

(Notary Seal)