

Reproductive Care Center

10150 Petunia Way, Sandy, UT 84092

Phone (801) 878-8888 FAX (801) 878-8890

Irrevocable Consent for Embryo Donation

It is our intent that ALL remaining embryo(s) resulting from our in vitro fertilization cycle(s) using eggs from _____ (wife/donor number) and sperm from _____ (husband/donor number) on the following date(s) _____ be donated for use by one or more infertile married couple(s) chosen at the discretion of Reproductive Care Center (RCC). RCC may, at its discretion, dispose of any embryos if they are not for any reason used in donation.

We understand that we must fill out a questionnaire on our physical characteristics, education, and the health of ourselves and our families. We consent to undergo genetic screening if indicated in order to determine if genetic defects exist. We fully understand that this screening may require having our blood drawn for confirmation of negative tests for specific diseases. We consent (if requested) to undergo testing through an FDA approved laboratory for blood borne and sexually transmitted diseases such as, but not limited to, syphilis, Hepatitis B and C, CMV (cytomegalovirus), chlamydia, gonorrhea and Human Immunodeficiency virus (HIV). We fully understand that this may require us to have our blood drawn and urine samples obtained and that a second test requiring an additional blood specimen for HIV may be required six months later. We fully understand that if abnormalities are found in the genetic, laboratory or psychological screening, we may not be allowed to donate the embryos.

We fully understand that we will not be compensated for the donation of our embryos. We agree to rely upon the discretion of the physicians and staff at RCC in the selection of a qualified recipient couple. We fully understand that all information concerning the identity of the recipients of our embryos is confidential. We agree not to attempt to discover the identity of the recipients of our embryos now, or at any time in the future. We understand that the recipient couple(s) agree(s) not to attempt to discover the identity of the donor couple now, or at any time in the future.

To the extent permitted by law potential adoptive parents will not have any access to our identities, but will receive the information from the questionnaire to assist in making their decision. We understand that donation of our embryos will be anonymous.

We forever hereafter relinquish any claim to or jurisdiction over offspring that may result from transfer of our embryo(s) to another woman. We consent to give up all maternal and paternal rights and responsibilities to any child(ren) conceived through these donated embryos. We understand that after reasonable time and efforts have been expended, no recipient can be found, or if applicable future laws prohibit donation of embryos, that our embryos will be discarded

We agree to complete any screening forms and requested tests within thirty days of signing this form. We realize that we may be responsible for any storage fees that are incurred prior to our completion of the screening forms. To the best of our knowledge we do not have any significant medical or psychiatric problems or autosomal dominant or recessive genes that may result in significant problems in a child born from these embryos. We agree to allow potential recipients of the embryos to review our medical history.

We acknowledge in signing this document we relinquish any and all rights to these embryos and possible resulting child(ren). We understand that we will not be able to receive information regarding the identity of the receiving couple(s) and no information will be given to us regarding success or failure of embryo transfers resulting from the use of donated embryos.

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Wife's Signature	Date
Witness to Wife's Signature (Notary or RCC Representative)	Date
Husband's Signature	Date
Witness to Husband's Signature (Notary or RCC Representative)	Date

State of _____)
) ss.
 County of _____)

The foregoing instrument was acknowledged before me on the ____ day of _____, 20__ by _____.

 Notary Public
 Residing at:

My commission expires: _____

To Be Completed By RCC

Patient Account #		# in Storage		Cane	
Cryo Date(s)		Tank		# Straws	
Day 3, 5, 6 or 7		Canister		Verified by	

____ Records for the above named patients have been reviewed by the committee (MD, Lab Director, Nurse) and all embryo(s) have been cleared for anonymous donation to one or more infertile married couple(s).

____ Records for the above named patients have been reviewed by the committee (MD, Lab Director, Nurse) and it is recommended that the embryos be discarded.

Committee Member	Signature	Date
Physician		
Lab Director		
Nurse		

# Discarded		Date Discarded	
Lab technician		Witness	