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INSTRUCTIONS FOR DISPOSITION OF CRYOPRESERVED OOCYTES

In the event of death or incapacity while my oocytes are in storage at Northwestern Medical Group (NMG), I instruct NMG and NMG's authorized personnel to dispose of my oocytes as follows: *Please check and initial* the option you choose:

			<u>initials</u>
☐ Discard all oocytes			
·	RB approved research project that do		
the oocytes (eggs) will be o	derstand that if no such study can be discarded.	iounu at that time,	
☐ The individual named belo	w can use these oocytes for the purpo	ose of producing a pregnancy	
·	ner, but may not assign them to other		
Name:			
Address:			
Phone Number:			
	OOCYTE CRYOPRESERVATION	ON CONSENT	
I have read the Oocyte Cryopreservation	_	-	·
have been explained to me in detail.		to ask questions and they have	been answered to my
satisfaction. By signing below, I agree	to have my oocytes cryopreserved.		
PATIENT NAME – PLEASE PRINT	Patient Signature	Date of Birth	DATE