Northwestern Medicine Group

Oocyte/Embryo Disposition Consent

I/We: ______________________________ and ______________________________

Patient Name/Last 4 Digits of SSN **Spouse/Partner Name**

by signing this document, freely consent to one of the following choices (marked by a check) for the disposition of the oocytes/embryos that are stored at the IVF Laboratory of Northwestern Medicine Group (NMG) formerly Northwestern Medical Faculty Foundation (NMFF) :

[1] I/We will use the oocytes/embryos for an embryo transfer procedure at NMG and agree to continue storage by paying the annual fee of $500.00. Bill me to pay by credit card: Initials__________or by Check# _________payable to NFRM

[2*] I/We authorize NMG to thaw all our oocytes/embryos without allowing for further development. I/We understand that (1) this decision is final and no further confirmation will be provided; (2) employees of NMG may proceed with this option immediately upon receiving this signed and notarized consent*.

[3*] I/We will have all our oocytes/embryos moved to a cryopreservation facility as indicated below. I/We acknowledge that: (1) I/We are responsible for all fees and costs that are associated with shipping and handling of the oocytes/embryos; (2) NMG is not liable for any damage to or loss of the oocytes/embryos at any time after the oocytes/embryos leave the IVF Laboratory of NMG, and (3) I/We understand NMG will bill for storage if the oocytes/embryos are not moved out of NMG within 60 days of this signed and dated consent. Transportation of the oocytes/embryos will be arranged by:

Please indicate who will arrange the transportation, and provide details of receiving facility where the oocytes/embryos will be moved to:

[3] Patient/Spouse/Partner [3B] Receiving Facility [3C] FRM rental $100 and $500 Dep

Receiving Facility Name:______________________________

Contact Person:______________________________

Phone and FAX Numbers:______________________________

Street Address:______________________________

City, State and ZIP:______________________________

My signature below confirms that: on behalf of myself, my heirs, representatives and assigns, I freely agree to accept all costs and risks involved in the disposition of my oocytes/embyros, as directed herein, and I release and agree to defend, indemnify and hold harmless NMG, its affiliates and their respective employees, officers, directors, contractors, consultants and agents from any and all liabilities, costs, expenses, claims and damages of any kind relating to or arising from their actions taken in reliance on this Disposition Consent.

***NOTE: Option #2 or #3, Oocyte(s) requires pt signature. Embryo requires both patient and partner signatures. In order for consent to be valid, signatures require to be done in front of a Notary Public.**

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Signature of Patient **DOB** **Date**

Notary Name:______________________

City/State:______________________

Signature:______________________

Date:______________________

Notary Seal

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Signature of Spouse/partner **Last four of SSN** **DOB** **Date**

Notary Name:______________________

City/State:______________________

Signature:______________________

Date:______________________

Notary Seal

Please return the completed consent to:

Sofie Ramirez, NMG IVF Laboratory, 259 E. Erie St. Suite 2400, Chicago, IL 60611

Fax: 312-472-0226 or email: frmmedrecs@nm.org Received on __________ by Lab Tech: ______