Northwestern Medicine®
Center for Fertility and Reproductive Medicine

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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:*

Initials

- ❑ Discard all oocytes _____

- ❑ Donate all oocytes for an IRB approved research project that does not include adding sperm to them (fertilization). I understand that if no such study can be found at that time, the oocytes (eggs) will be discarded. _____

- ❑ The individual named below can use these oocytes for the purpose of producing a pregnancy in themselves or their partner, but may not assign them to other individuals. _____

  Name: _____

  Address: _____

  Phone Number: _____

OOCYTE CRYOPRESERVATION CONSENT

I have read the Oocyte Cryopreservation Information Package and this consent form. The procedure, its risks and alternative options have been explained to me in detail. I have been given the opportunity 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**