



INFORMED CONSENT TO EGG FREEZING AND DISPOSITION OF FROZEN EGGS

Lucile Salter Packard Children's Hospital at Stanford (Stanford) desires to provide you with relevant and appropriate information so that you may make an informed and voluntary choice regarding the disposition of your eggs following the IVF process. Because of the possibility of your death or permanent incapacitation after eggs have been produced and frozen, it is important to decide on the disposition of any eggs that remain in the laboratory in these situations. Since this is a rapidly evolved field, both medically and legally, Stanford cannot guarantee what the available or acceptable avenues for disposition will be at any future date.

Currently, the disposition alternatives upon death or permanent incapacitation are:

1. Discarding the cryopreserved egg(s)
2. Donating the cryopreserved egg(s) for quality improvement
3. Donating the cryopreserved egg(s) to another individual in order to attempt pregnancy.

Note:

- Egg donation to achieve a pregnancy is regulated by the FDA (U.S. Food and Drug Administration), as well as state laws, as donated tissue. Certain screening and testing of the persons providing the sperm and eggs are required before donation can occur.
- You are free to revise the choices you indicate here at any time by completing another form and having it notarized.
- Your will should also include your wishes on disposition of the eggs and be consistent with this consent form. Any discrepancies will need to be resolved by court order.

A. Egg Freezing/Cryopreservation. By my signature(s) below, I confirm that I have read and understood the information related to Egg Cryopreservation presented in this In Vitro Fertilization Consent Booklet. Stanford maintains frozen eggs (i) for transfer into the patient until the patient reaches the age of 55 or (ii) for transfer into a gestational surrogate until the patient reaches the age of 59.

B. Financial Terms. I understand that I will be billed an annual storage fee for cryopreservation of eggs following the initial twelve (12) months of storage. If continued storage is desired, I am responsible for timely payment of the storage fee which shall be billed in advance of each subsequent twelve (12) month period. Payment is due within thirty (30) days of billing.

C. Change of Address. I understand that it is my responsibility to notify Stanford promptly in writing of any change of address or telephone number.



D. **Abandoned Eggs.** I understand that my eggs will be considered to be abandoned if I have not paid in accordance with the Financial Terms above, and despite diligent efforts including certified mail, Stanford is unable to contact me at my last known address. If the patient does not respond within one (1) year of the certified letter, Stanford reserves the right to discontinue storage and follow the disposition instructions and discard in accordance with normal laboratory procedures and applicable law.

E. **Legal Considerations.** The law regarding egg cryopreservation, subsequent thaw and use, and parent-child status of any resulting child(ren) is, or may be, unsettled in California or the state in which either the patient, spouse, partner, or any donor currently or in the future lives. I acknowledge that Stanford has not given me/us legal advice, that I/we are not relying on Stanford to give us any legal advice, and that I/we have been informed that we may wish to consult a lawyer who is experienced in the areas of reproductive law and egg cryopreservation and disposition if I/we have any questions or concerns about the present or future status of the eggs, our individual or joint access to them, our individual or joint parental status as to any resulting child, or about any other aspect of this consent and agreement.

EGG DISPOSITION DIRECTIVES

In the event of my death prior to use of all the eggs, I desire for my eggs to be (*check only one box*):

- Destroyed and permanently discarded in accordance with Stanford policy.
- Donate to quality improvement.
- Transferred to the custody of the individual listed below. By this designation, I am providing complete control of the eggs to this individual for any purpose, including reproductive use, donation for research or to another couple, or destruction.

NAME: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____

**The beneficiary of cryopreserved eggs will be responsible for the maintaining current contact information on file with Stanford, payment of all storage fees and payment of any fees associated with transferring the eggs to another facility, if applicable.

Carrier of embryos:

In the future, I plan to transfer the embryos created with my eggs into:

- Me, the intended parent
- A gestational carrier Initials_____
- Partner
- Other_____



Medical Record Number

Patient Name

Addressograph or Label - Patient Name, Medical Record Number

By my signature below, I authorize and consent to the cryopreservation of eggs by Stanford and certify the disposition selections I have made above. I understand that I may change my selections in the future pursuant to a written document that is witnessed or notarized. I also understand that in the event that none of my elected choices is available, Stanford is authorized, without further notice from us, to thaw and discard my eggs.

X _____
Patient Signature

Date

Patient Name

Date of Birth

Time

X _____
Witness Signature

Date

Witness Name

Time

X _____
Translator Signature

Language

Date

Time