

SDFC IVF Laboratory Donation to Another Patient(s) Consent

11425 El Camino Real San Diego, CA 92130
Lab phone: (858) 720-3172 Lab fax: (858) 794-6360
lab@sdfertility.com

I/We have:

_____ Embryo(s) that I/We wish to Donate to Another Patient(s)

These are from (check one):

- Self / Self
- Self / Donor Donor Code: _____
- Donor / Donor Donor Code(s): _____

I/We wish to donate (check one):

- All embryo(s) in storage
- Specific embryo(s) (i.e. date, donor code, other): _____

_____ Oocyte(s) that I/We wish to Donate to Another Patient(s)

These are from (check one):

- Self
- Donor Donor Code: _____

I/We wish to donate (check one):

- All oocyte(s) in storage
- Specific oocyte(s) (i.e. date, donor code, other): _____

I/We _____ and _____ would like to **donate to a couple or individual**. By selecting this option, SDFC-IVF will determine if your tissue is eligible for donation to another couple, and if so, will send you the appropriate consents. **Please note: Testing, counseling, and legal paperwork is often required. This process can take a year or more to complete.** If donor tissue was used and/or cryopreserved, I/We warrant that I/We have no other contractual obligations to the donor that conflict with the intentions expressed in this document. **This form must be notarized for the protection of you, SDFC IVF Lab, and the tissue.** After signatures and notarization are obtained, please mail, fax, or scan and email this Consent to the IVF Lab.

(Intended Parent-Patient Signature)

(Date)

Printed Name

Date of Birth

(Intended Parent-Patient Signature)

(Date)

Printed Name

Date of Birth

(Notary Signature)

(Date)