

**Strong Fertility Center  
500 Red Creek Dr., Suite 220, Rochester, NY 14623  
585-487-3444**

**Consent for the Donation of Cryopreserved Embryos To  
Strong Fertility Center**

We, \_\_\_\_\_  Gen and \_\_\_\_\_  No Result Embryos  
(Patient Name and Date of Birth) (Partner Name and Date of Birth)

currently have embryos cryopreserved and stored at Strong Fertility Center. We now wish to donate the following embryos to **Strong Fertility Center**, hereby designated by an "X" or a checkmark in the appropriate box(es), according to established laboratory protocol:

**Genetically Tested, Normal Embryos**

We understand that any donated embryos will only be used for quality control, research, or training purposes and then discarded after use according to established ethical guidelines. These embryos will NOT be used to create a pregnancy. The alternatives to donation of embryos to the Strong Fertility Center IVF laboratory are continued storage of the embryos, transfer of the ~~stored embryos~~ frozen embryos to the uterus of a female partner to create a pregnancy, or donation of the embryos to another infertile couple, none of which we wish to do.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Partner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SFC Witness:** \_\_\_\_\_  
Name Signature Date

or

**Notary Public:** \_\_\_\_\_ **Date:** \_\_\_\_\_