



Strong Fertility Center
500 Red Creek Dr., Suite 220, Rochester, NY 14623
Phone: 585.487.3378 Fax: 585.334.8998

Patient Name: _____

Patient DOB: _____

MRN: _____

CONSENT TO RECEIVE CRYOPRESERVED GAMETES

I/We, _____ hereby confirm the request to have my/our cryopreserved gametes transferred from the custody of clinic designated below to Strong Fertility Center (henceforth referred to as "SFC").

Please check one: Oocytes (eggs) Sperm

Facility Name: _____

Facility Contact Name: _____

Facility Contact Phone Number: _____

Please verify that your gametes were created by licensed NY state tissue bank. If your gametes were generated from an out-of-state tissue bank, which is not licensed by NYS-DOH, then the IVF lab will need to request permission from New York State to receive the gametes.

I/We understand that:

1. The above designated facility will document to SFC their willingness to transfer the gametes prior to shipment.
2. The gametes will be shipped in a liquid nitrogen charged dry shipper via a commercial airline carrier / courier or other pre-arranged transport methods.
3. ~~Instructions for~~ shipping and transfer.

5. I/We are responsible for all associated shipping, processing, and storage fees.

the risks associated with the transfer



Patient Name:

Patient DOB:

MRN:



Strong Fertility Center
500 Red Creek Dr., Suite 220, Rochester, NY 14623
Phone: 585.487.3378 Fax: 585.334.8998

Patient Name:

Patient DOB:

MRN:

Death of Patient

In the event that the patient dies prior to use of all the gametes, we agree that the gametes should be disposed of in the following manner (check only one box):

- Award to patient's spouse or partner, which gives them complete control for any purpose, including implantation, donation for research, or destruction. This may entail maintaining the gametes in storage, and remitting any fees or other payments due to the clinic for cryopreservation or storage services.
- Donate to another infertile individual or couple for reproductive purposes. This may entail maintaining the gametes in storage and remitting any fees and other payments due to the clinic for cryopreservation or storage services. If you wish, you may designate an individual or couple to receive the gametes here. In the event that the designated individual or couple is unable or unwilling to accept the gametes, the clinic will control the donation.

Please donate to:

Name	_____
Address	_____
Telephone	_____
Email	_____

- Award to the IVF laboratory for research or training purposes, which may result in the destruction of the gametes but will not result in the birth of a child.
- Destroy the gametes.

cccpdpc and of (Bu C)dp

Patient Name:

Patient DOB:

MRN:

Default Disposition

I/We understand and agree that in the event none of our elected choices are available, as determined by the clinic, the clinic is authorized, without further notice to us, to destroy and discard our frozen gametes.

Donation of Frozen Gametes for Research Purposes

If you selected the option "Award to the IVF laboratory for research or training purposes" under any of the preceding circumstances, as a donor of human gametes to research, including but not limited to stem cell research, you should be aware of the following:

- Donating gametes for research may not be possible or may be restricted by law. While efforts will be made to abide by your wishes, no guarantees can be given that said gametes will be used for research. In these instances, if after five years no recipient or research project can be identified, or if your gametes are not eligible, your gametes will be destroyed and discarded by the lab in accordance with laboratory procedures and applicable laws.
- The gametes may be used to derive human pluripotent stem cells for research, and the cells may be used, at some future time, for human transplantation research.
- All identifiers associated with the gametes will be removed prior to donation to research or the derivation of human pluripotent stem cells.
- Donors to research will not receive any information about subsequent testing on the gamete or details regarding gamete use to derive human pluripotent cells.
- Derived cells or cell lines, with all identifiers removed, may be kept for many years.
- It is possible the donated material may have commercial potential, but the donor will receive no financial compensation or any other benefit from any future commercial development.
- Human pluripotent stem cell research is not intended to provide direct medical benefit to the gamete donor.
- Donated gametes will not be transferred to a woman's uterus, nor will the gametes survive the human pluripotent stem cell derivation process. Gametes will be handled respectfully, as is appropriate for all human tissue used in research.
- If the donated gametes were formed with gametes (eggs or sperm) from someone other than the patient and the patient's spouse or partner (those whose signatures are on this document), the gamete donor(s) may be required to provide a signed, written consent for use of the resulting gametes for research purposes.



Strong Fertility Center
500 Red Creek Dr., Suite 220, Rochester, NY 14623
Phone: 585.487.3378 Fax: 585.334.8998

Patient Name:

Patient DOB:

MRN:

Legal Considerations and Legal Counsel

The law regarding gamete