

NOTICE FOR EMBRYO/OOCYTE STORAGE

According to our records, you currently have embryos in our storage facility at *Carolina Conceptions (CC)*. We are requesting a response regarding whether or not you would like to continue storage. If you are over the age of 46, please note that *CC* only treats up to age 48. Please call us to schedule treatment or to discuss other options. If you are receiving this letter on behalf of a deceased individual, please contact Sandra Lee; slee@carolinaconceptions.com to discuss your options.

If you do not wish to continue storage, please indicate this by marking the appropriate box below, get the form notarized, and send it back to Carolina Conceptions. **We cannot discard embryos/oocytes without this consent form notarized and returned.**

If you would like to continue to store your embryo(s), please return this sheet along with payment made payable to *Carolina Conceptions* or call 919-782-5911 x 102 with credit card information. Please respond within 30 days and address the envelope to the attention of **Sandra Lee**

OPTION 1

KEEP I want to continue storing ALL my embryos/oocytes at Carolina Conceptions.
I understand that for storage to be continued I must pay the annual storage fee.

OPTION 2

DONATE I/we am interested in donating ALL our embryos anonymously to another person/couple for the purpose of conception. A nurse from *CC* will contact you once we receive this form. (If your embryo(s) are not eligible to donate, your embryos will be thawed and discarded). *Embryos must have been created when the oocyte source was 38 years or under, unless the embryo(s) is euploid.*

OPTION 3 (PLEASE CHOOSE ONE) Form MUST be notarized if choosing either option below.

DISCARD 1. I/we **DO NOT** want to continue embryo/oocyte storage.
All of My/Our embryos/oocytes will be thawed by *CC* and will be destroyed.

DISCARD 2. I/we want to discard **Specific Embryo(s)/Oocytes** from storage, but continue storing the remainder:
You will need to review your frozen embryos/oocytes in the attached storage document and describe specific **Cryopreservation Date, Number of specimens, and PGT results (if applicable)** of embryos you would like discarded. You will also need to email the lab IVFLab@CarolinaConceptions.com informing them of this decision (Email your Name, DOB and decision).

RESEARCH: I/we are interested in donating our embryos anonymously to be used in future research projects by *CC* and/or its third-party research partners. I understand these materials may be used to further examine and develop technology (including pre-implantation genetic testing), processes, techniques, and/or other research in the area of in vitro fertilization, embryo genetic testing and carrier screening. Any material I/we have donated to research, or results of research including new products, tests, or discoveries, may be patentable or have commercial value. I/we understand that by consenting to donate materials I/we will have no legal or financial interest in any commercial development resulting from the research.

Patient's Printed Name: _____ Date of Birth: _____

Patient's Signature: _____ Date: _____

Partner's Printed Name: _____ Date of Birth: _____

Partner's Signature: _____ Date: _____

***** NOTARIZED SIGNATURE REQUIRED with OPTION 3 *****

County, State of _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Patient and Partner present

Date

Official Seal

Official Signature of Notary

, Notary Public

Notary's printed or typed name

My commission expires: _____