

Family Beginnings, PC
CONSENT FOR ANONYMOUS EMBRYO DONATION

We, _____ (Patient) and _____ (Partner) hereby consent to donate our frozen embryos obtained from a previous IVF cycle to an anonymous recipient in an effort to establish a pregnancy.

We have _____ embryos frozen at the _____ stage.

We understand that there are many steps in the donor embryo procedure. We understand that both the donor couple and the recipient couple must have testing done for various infectious diseases such as HIV, hepatitis and other diseases before initiating donor embryo therapy. We understand that genetic screening and psychological evaluation of the donor couple and recipient couple will be performed before initiating donor embryo therapy. We acknowledge that, because of the above testing, that we maybe deemed unsuitable as donors. We acknowledge that this screening process does not guarantee that any children born from this procedure would be free from congenital defects or chromosomal abnormalities.

We acknowledge that we are donating embryos for an anonymous recipient, such that the identity of the recipient is not known to us. We understand that we are not the legal parents of any children born as a result of the donor embryo cycle.

We understand that Family Beginnings, P.C. has not provided, either orally or in written form, any advice as to our legal rights or those of the recipient and specifically disclaim any responsibility to do so. We acknowledge that we should consult legal counsel as to our legal rights and obligations, as well as rights and obligations of the recipient.

We further understand that factors out of the control of Family Beginnings, P.C. and James Donahue, M.D., e.g. loss of power, mechanical failure, human error or other unavoidable circumstances, may result in loss of embryos.

We have had the opportunity to read this consent form, and have had the opportunity to ask any questions we have about the procedure. We acknowledge that my/our questions have been answered to our satisfaction. By signing this consent form, we agree to use embryos donated from another couple for use in establishing a pregnancy.

_____ (Patient) _____ (date)

_____ (Partner) _____ (date)

_____ (witness) _____ (date)