

## Consent Form

# Egg disposal tick list

Patient Name:
Address:
Date of Birth:
Hosp No (if known):

**All sections below MUST be completed**

Please be aware that if you have previously consented to training, this may be included as part of the disposal process

<b>Please state your wish for your stored frozen eggs:</b> <i>- Tick one option only</i>	
<b>Allowed to perish</b>	
<b>Donate to research</b> Now complete the 'Indicators of oocyte and embryo development' consent form	
<b>Please state which egg cycles this applies to - Tick one option only</b>	
All eggs, from all cycles	
Only certain eggs ( <i>see below</i> )	
If only certain eggs, please specify:	

<b>IDENTIFICATION: You MUST include a copy of photo identification</b>	
I have enclosed proof of identification e.g. passport or driving license ( <i>please tick</i> )	

<b>DECLARATION – Please SIGN below</b>	
<i>Patient signature</i>	<i>Date</i>