## **Centre for Reproductive Medicine**



Patient Name:



## Embryo disposal tick list

Address:	Address:		
Date of Birth: Hosp No (if known):	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			
Please state your wish for your stored frozen embryo(s):  Tick one option only			
Allowed to perish			
Donate to research Now complete the 'Indicators of oocyte and embryo development' consent form			
Donate to another couple  **Possible option for couples with MORE than one frozen embryo**			
We disagree over the fate of the embryos			
Please state which embryos this applies to, tick one option only			
All embryo(s) from all cycles			
Only certain embryos			
If only certain embryos, please specify:			
IDENTIFICATION: You MUST include a copy of photo identification for each partner			
We have enclosed proof of identification each			
e.g. passport or driving license (please tick)			
DECLARATION – Please SIGN below			
Patient signature		Date	
Partner signature		Date	

Partner Name:

Author: J Rai Note: This document is not controlled if printed.

Document Location: QM computer, I drive (emb consent forms), website

Reference: Quality/consent forms/embryo disposal tick list

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