

Consent Form

Embryo disposal tick list

Patient Name: Address: Date of Birth: Hosp No (if known):	Partner Name: Address: Date of Birth: Hosp No (if known):
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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): <i>Tick one option only</i>	
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 (<i>please tick</i>)	

DECLARATION – Please SIGN below	
Patient signature	Date
Partner signature	Date