

Cryopreserved Embryo Disposition

Study #: Insert Study Number

Title of Study: Insert Title of Research Study or Acronym

Principal Investigator: Insert Name of the Principal Investigator
Insert Department of Principal Investigator
Insert Address
Insert Phone Numbers

Specimen ID	# of Specimens

Total # of Specimens = _____

Total # of Devices = _____

Being the rightful and legal owner(s) of the above listed cryopreserved embryo(s), I/we certify the following:

1. All options pertaining to the embryo(s) available to me/us, including retaining the cryopreserved material indefinitely in cryogenic storage for my/our use, have been explained to me/us.
2. I/We no longer wish to retain the embryo(s) for my/our use in attempting to establish a pregnancy. I/We have had the opportunity to discuss my/our decision specified herein and understand that the embryo(s) will no longer be available for attempting to establish a pregnancy.
3. No payments, cash or in kind, have been offered to me/us for the embryo(s).
4. If I/we choose to discard the embryo(s), I/we understand that they will be destroyed and will no longer be available for use and I/we authorize the NYU Langone Medical Center/School of Medicine laboratory staff to remove the embryo(s) from cryogenic storage in my/our absence.
5. If I/we choose to donate the embryo(s) to research (other than research involving embryonic stem cells) and the embryo(s) are not used in research within one year of the date of donation, the embryo(s) will be discarded by the NYULMC staff without further consenting.
6. If I/we choose to donate the embryo(s) for research involving embryonic stem cells:
 - a. I/We understand that I/we have the right to withdraw my/our consent for the donation until the embryo(s) are actually used or until information which could link my/our identity to the embryo(s) is no longer retained.
 - b. I/We have been informed of the following:
 - The embryo(s) may be used to derive embryonic stem cells for research;
 - What would happen to the embryo(s) in the derivation of the embryonic stem cells for research;
 - The embryonic stem cells derived from the embryo(s) might be kept for many years;
 - There will be no restriction/direction regarding the individual(s) who may receive medical benefits from the use of the embryonic stem cells;
 - The research is not intended to provide direct medical benefit to me/us;
 - The results of research using the embryonic stem cells may have commercial potential, but I/we will not receive financial or any other benefits from any such commercial development; and
 - The circumstances, if any, in which information that could identify me/us as the donor(s) would be available to researchers

I/We fully understand and accept that NYULMC, its physicians, laboratory director and laboratory personnel are not responsible or liable for my/our decision.

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This document will not be considered valid unless the disposition choice is initialed and the consent is signed in the presence of a NYULMC staff member.

Patient Initials

Spouse/Partner Initials

- ☐ 1. I wish to donate oocytes for research
- ☐ The oocytes may be used for research involving embryonic stem cell
- ☐ The oocytes may not be used for research involving embryonic stem cells
- ☐ 2. I wish to donate the oocytes for use by a person or another couple
- ☐ 3. I wish to have the oocytes thawed out and discarded

I understand that this is an irreversible process and that the cryopreserved OOCYTES will not be available for future use.

Signature(s):

Name of Subject (Print)

Signature of Subject

Date

Name of Spouse/Partner (Print)

Signature of Spouse/Partner

Date

Witnessed by: Name of NYULMC Staff (Print)

Signature of NYULMC Staff

Date

NYULMC Tissue Bank Director Name (Print)

Signature of Tissue Bank Director

Date