A.R.T. Institute of Washington, Inc.
Walter Reed National Military Medical Center

CONSENT TO DISCARD CRYOPRESERVED EMBRYOS

We, ____being the rightful and legal owners of the embryos specified herein and hereafter referred to as the "embryos", no longer wish to retain these embryos for our use in attempting to establish a pregnancy.

The embryos currently in cryogenic storage at The ART Institute of Washington, Inc. at Walter Reed National Military Medical Center are identified as follows:

Date of Cryopreservation:
Arrival at WRNMMC:
Cane ID:
Tank Location:
Current Balance: **total**

We have had the opportunity to discuss our decision to discard the embryos specified herein with and understand that the removal of these embryos from cryogenic storage will render them non-viable and therefore no longer available for the purpose of attempting to establish a pregnancy. Our decision is to remove these embryos from cryogenic storage.

We hereby authorize The ART Institute of Washington, Inc. staff member to remove the embryos from cryogenic storage. We understand that a **30 day** waiting period is required from receipt of this consent by The ART Institute of Washington, Inc. until the time these embryos are actually discarded.

________ (Optional) By initialing here, we hereby authorize the A.R.T. Institute to use our discard embryos to perform basic in-house laboratory personnel QC procedures. These procedures will **NEVER** be used for research or for establishing a pregnancy. The **30 day** waiting period still applies and embryos will be discarded at the end of the procedure.

(Please note: Consents signed outside The ART Institute require notarization (with a Notary's seal). BOTH partners MUST sign this consent.)

Female Partner Signature: ________________________________ Date:_________

Male Partner Signature: __________________________________ Date:_________

Initial one option:

__________ We wish to receive written confirmation following the discard procedure. Please send to the following physical or email address: ____

____

__________ We do not wish to receive written confirmation following the discard procedure.

Witness:____________________ Printed Name Notary Seal:

____________________ Signature

____________________ Title

For A.R.T. Institute Use Only

Discarded:

____________	____________	____________	____________
Technician/Witness	Date	Logbook Updated	Database Updated

SAMPLE