

**MID-IOWA FERTILITY, P.C.**

**DIRECTIONS FOR DISPOSITION OF EMBRYOS**

We, \_\_\_\_\_ and \_\_\_\_\_, ("Partner 1" and "Partner 2"), hereby provide the following directions concerning the disposition of our embryo(s) which have been preserved by freezing (cryopreservation) at our request by Mid-Iowa Fertility, P.C. ("the Program"). By signing this document, we indicate our consent to the following disposition of the embryos and hereby revoke any previous instructions or directions given to the Program which may be different or inconsistent with these directions:

1. Instructions. We wish the embryo(s) disposed of in the following fashion (one and only one of the paragraphs below must be checked "YES" or completed):

- A. We hereby release and transfer all of our interests in the embryo(s) with the understanding that the embryo(s) shall be anonymously used by infertile persons, if otherwise permitted by applicable law:

We understand that by selecting this option, one or both of us will be required to undergo additional blood testing *at no charge to us*. Failure to do so will label the embryos unsuitable and they will be discarded. We also agree to provide certain non-identifiable medical background information that will be provided to recipients.

YES \_\_\_\_\_ NO \_\_\_\_\_

- B. The embryo(s) shall be disposed of and not donated to infertile persons in accordance with the policies of the Program in a manner consistent with professional and ethical standards, and applicable legal requirements:

YES \_\_\_\_\_ NO \_\_\_\_\_

- C. The embryo(s) shall be transferred to the following specified institution to be stored and preserved for us. We agree to pay in advance the fees and expenses, if any, which may be incurred in packaging and delivering the embryos:

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

D. The embryo(s) shall be transferred to the following named individual(s) to be used in efforts to produce pregnancy. We agree to pay in advance the fees and expenses, if any, which may be incurred in packaging and delivering the embryos:

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

2. Waiver. We understand that we hereby waive our right to change our decision in this regard at any future time.

3. Release. We hereby fully release the Physician(s) and the Program and any person or corporation acting as an agent, employee, or subcontractor of the Physician(s) or the Program, and hold them harmless from any and all liability, other than that due to negligence, resulting from their acts or omissions taken pursuant to these directions.

4. Fees. We further understand and agree that there will be no refund or credit of any payments made or owed by us for the cryopreservation procedure or storage fees to which we previously consented.

WHEREFORE, the above-named Partner 1 and Partner 2 have hereto set their hands this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Partner 1

\_\_\_\_\_  
Partner 2

STATE OF IOWA )  
) :ss:  
COUNTY OF \_\_\_\_\_ )

This agreement was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF IOWA  
My Commission Expires:\_\_\_\_\_