

**Strong Fertility Center**  
**500 Red Creek Dr., Suite 220, Rochester, NY 14623**  
**585-487-3444**

**Consent for the Disposal of Cryopreserved Embryos**

We \_\_\_\_\_ (Patient)

and \_\_\_\_\_ (Partner)

currently have the below mentioned embryos cryopreserved and stored with the Strong IVF Program:

\_\_\_\_\_ (#) genetically normal embryos

\_\_\_\_\_ (#) genetically abnormal embryos

\_\_\_\_\_ (#) untreated embryos

We now wish to dispose of the following embryos according to established laboratory protocol:

\_\_\_\_\_ (#) genetically normal

\_\_\_\_\_ (#) genetically abnormal

\_\_\_\_\_ (#) untreated embryos

We understand that the alternatives to disposal are continued storage, transfer of the thawed embryos to the uterus of the wife or donation to an infertile couple, none of which we wish to do.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notary Public** \_\_\_\_\_ **Date** \_\_\_\_\_