

University Women's Healthcare-Fertility Center
401 E. Chestnut, Ste. 410 - Louisville, KY 40202
Tel. 502-271-5846; Fax 502-271-5984

FROZEN EMBRYO DISPOSITION FORM

I, (Female Patient / Wife) _____ D.O.B. _____

And (Male Patient / Husband) _____ D.O.B. _____
direct University OB/GYN Associates, P.S.C to thaw and dispose of all our frozen, stored pre-embryos following the policies and procedures established by the Embryology Laboratory.

Prior to disposal our pre-embryos:

may be used for training or quality control purposes

may **not** be used for training or quality control purposes

The number of pre-embryos is/are: _____

Signature (Female Patient / Wife)

Date

Signature (Male Patient / Husband)

Date

Signature (Fertility Center Witness or Notary Public)

Date

Return this form to: Embryology Laboratory
Fertility Center
401 East Chestnut Street
Suite 410
Louisville, KY 40202

My Current Contact Info is:

Telephone _____
Address _____

Attention: Signatures must be witnessed by Fertility Center Staff or a Notary for the form to be valid

To be completed by the Embryology Laboratory

Date(s) cryopreserved: _____ #Straws _____ # Vials _____

Patient/sample ID Confirmation:

labeled as: _____

Tech _____

Date of embryo thawing & disposal _____

Tech _____