

**COLUMBUS CENTER FOR REPRODUCTIVE
ENDOCRINOLOGY & INFERTILITY, L.L.C.**

2323 Whittlesey Road
Columbus, GA 31909
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Prakash J. Thiruppathi, M.D.

CONSENT FOR DISPOSAL OF CRYOPRESERVED EMBRYOS

Patient's Name: _____ DOB: _____

Spouse's Name: _____ DOB: _____

We currently have cryopreserved embryos stored at the Columbus Center for Reproductive Endocrinology & Infertility.

We now wish to have all cryopreserved embryos disposed of according to the laboratory protocol.

We understand that the alternative options are continued storage or transfer of thawed embryos to the uterus of the wife (or surrogate), which we do not wish to do.

We voluntarily consent together to have our embryos disposed of.

Patient's Signature

Date

Spouse's Signature

Date

Witness' Signature

Date

Physician's Signature

Date