

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

2323 Whittlesey Road
Columbus, GA 31909
(706) 653-6344

Prakash J. Thiruppathi, M.D.

EMBRYO CRYOPRESERVATION CONSENT

Patient's Name: _____ DOB: _____
Spouse's Name (if available): _____ DOB: _____

I (we) am requesting the Columbus Center for Reproductive Endocrinology & Infertility, L.L.C. to cryopreserve my/our embryos as a direct result from In Vitro Fertilization.

I (we) understand that not all viable embryos at time of the transfer will survive the thawing process. The IVF laboratory will make the determination of the embryos's viability at that time.

I (we) understand that the embryos may be lost due to reasons unforeseen, such as equipment malfunctions, power failure and natural disasters (fire, flood, tornado, etc). We will not hold the Columbus Center for Reproductive Endocrinology & Infertility, Prakash Thiruppathi, or its staff responsible for any loss.

I (we) understand that the embryos will be stored at the Columbus Center for Reproductive Endocrinology or another accredited facility deemed by the Columbus Center for Reproductive Endocrinology & Infertility. I (we) understand there is a \$300 annual storage charge for cryopreserved embryos and it is our responsibility to pay within 30 days of its anniversary date. It is also my (our) responsibility to contact the Columbus Center for Reproductive Endocrinology & Infertility of any changes in our location. I (we) understand that the Columbus Center for Reproductive Endocrinology & Infertility will continue to store our embryos as long as our storage fees are current. I (we) understand if we make no contact with the Columbus Center for Reproductive Endocrinology within 5 years, the embryos will be discarded. I (we) understand that the Columbus Center for Reproductive Endocrinology & Infertility will make a reasonable effort to contact us at least 30 days prior to this date.

I (we) understand that we may, at any time, request to have my (our) cryopreserved embryos discarded. Such reasons may include divorce, realization of family size, or I (we) no longer wish to pay storage fees. In any these events, I (we) understand we must jointly notify the Columbus Center for Reproductive Endocrinology & Infertility of our decision. In the event that there is a disagreement between us, the Columbus Center for Reproductive Endocrinology & Infertility will maintain the embryos (assuming we continue to pay storage fees) until (we both) agree or until one of

us obtains a binding court order containing direction to the Columbus Center for Reproductive Endocrinology & Infertility as to the disposition of the embryos.

In the event of death of one or both spouses, I (we) understand that the surviving spouse or next of kin will take responsibility of the embryos unless other written agreement is obtained. I (we) understand that if any of these events occur, the court appointed responsible person may use these embryos in hopes of creating a child. I (we) will not hold the Columbus Center for Reproductive Endocrinology & Infertility or Prakash Thirupathi responsibility for any outcome.

I (we) have read the above consent and any questions asked have been answered. I voluntarily consent to have my/our embryos cryopreserved based on the terms outlined in this consent.

Patient's Signature

Date

Spouse's Signature

Date

Witness' Signature

Date

Physician's Signature

Date