

**RANDY S. MORRIS M.D.**  
 BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY  
 AND INFERTILITY

**Embryo Cryopreservation Agreement for a Couple**

**Cryopreservation (Embryo freezing)**

Extra embryos, which are healthy and viable, may be frozen. Freezing can cause the formation of ice crystals, which can damage an embryo. To reduce the likelihood of ice crystal formation, the embryo is infused with a synthetic solution called cryoprotectant. The embryos can later be thawed, have the cryoprotectant removed and resume their normal growth potential and therefore be used for an embryo transfer to attempt pregnancy.

Although commonly performed, much is unknown about human cryopreservation. Numerous different protocols for freezing embryos exist. There is no consensus on which method is the optimum. Data from the Society for Assisted Reproductive Technologies National Summary indicate that the pregnancy rate using frozen embryos is lower than for fresh embryos. The reasons for this phenomenon are unclear. Some embryos although apparently healthy, do not survive the freeze thaw process.

Studies of the children born after transfer of frozen thawed embryos do not indicate an increase incidence of major or minor congenital abnormalities, mental retardation, or developmental delay compared to babies conceived from in vitro fertilization using fresh embryos. However, the first of these children is only entering adulthood now.

**Consent**

- We hereby agree to the cryopreservation of our embryos. We understand that only viable embryos will be cryopreserved and that the determination of viability is a clinical decision made by Dr. Morris or his designated appointee based on generally accepted parameters of embryo assessment and which may change from time to time. We have had the process explained to us in detail and we have had an opportunity to have all of our questions answered.
- **We are creating these embryos as a couple. We understand that signatures from both of us will be required to thaw, dispose of, transfer to a uterus, transport or donate any remaining frozen embryos produced from this cycle.**
- We understand that there is no guarantee that viable embryos will be available to freeze in our case.
- We understand that some or all embryos may not survive the freeze thaw process and may therefore be unable to produce a pregnancy.
- We understand that even apparently normal embryos may not be capable of producing a pregnancy.
- We understand that the long-term effects on children born after cryopreservation and thaw are unknown.

**Embryo Donation**

Effective May 25, 2005, new requirements for the donation of human cells and tissue were mandated by the United States Department of Health and Human Services. This applies to embryos created on or after that date. Couples who freeze their embryos now for their own use but decide at some later date to donate their embryos to a known or anonymous recipient must have additional medical history recorded and both the male and female who contribute to the formation of the embryos must have an additional physical examination and medical testing at the time they agree to donate.

**Frozen Embryo Disposition**

In the event that **either** partner dies while there are any remaining frozen embryos produced from this cycle, we hereby designate and agree that: **(PICK ONLY ONE OPTION)**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	The remaining embryos produced from this cycle will be thawed and discarded.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The surviving partner shall have sole custody and the undisputed right to determine the disposition of any remaining frozen embryos produced from this cycle including disposal or use for pregnancy or research.

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In the event that **both** partners die while there are any remaining frozen embryos produced from this cycle, we hereby designate and agree that: **(PICK ONLY ONE OPTION)**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	The remaining embryos produced from this cycle will be donated for use by another couple.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The remaining embryos produced from this cycle will be thawed and discarded.

**NOTE:** A consent to release the embryos for donation or disposal must be signed at the time the decision is made to donate or discard embryos. If one partner has passed away, the surviving partner must present a death certificate and sign a consent to discard or donate the embryos. If both partners have passed away, a proxy may present both death certificates. No further consents will be required.

We, and understand that our embryos may be kept at another independent facility that will bill us for storage of our embryos. The rates for storage of embryos may change while embryos are already in storage.

We understand that in the course of time, Randy Morris M.D., S.C. may elect to discontinue the service of frozen embryo storage for any reason. To ensure the continued ability of Randy Morris M.D., S.C. to communicate with us regarding the status of our embryos, we hereby certify that we will notify Dr. Morris of any address or phone number change while we have embryos frozen in his possession. In the event of service discontinuation, and if after reasonable effort, Randy Morris M.D., S.C. is unable to locate us, we authorize him to thaw and dispose of our embryos or transport them to another facility for storage.

**Financial Responsibility**

We understand that insurance usually does not pay for costs associated with frozen embryo storage and that insurance coverage may change while embryos are in storage. Payment for cryopreservation will be required in full **prior to the start of the IVF cycle medication**. We acknowledge that we are both ultimately financially responsible for the storage costs of these frozen embryos. **Embryos will not be transported, transferred to a uterus, or thawed if there is an unsettled account.**

This consent / agreement is intended for use for a single assisted reproduction cycle. A separate agreement must be signed for any subsequent cycles. We acknowledge that we have read the above agreement in its entirety and have had any questions answered completely and to our satisfaction. We understand that if either the male or the female withdraws their consent to this agreement in writing, such changes may result in cancellation of the cycle. Changes to the plan require both partners sign a new consent form prior to the time when the procedure would be performed.

**Our signatures below indicate our understanding of the cryopreservation procedure and our agreement to have our embryos cryopreserved.**

X \_\_\_\_\_

X \_\_\_\_\_