

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

AGREEMENT FOR THE DISPOSITION OF DONATED EMBRYOS

I/we do hereby acknowledge that according to our previously stated intentions, extra embryos produced from our in vitro fertilization cycle were cryopreserved (frozen) for the purpose of allowing them to be donated to other patients to attempt pregnancy.

I/we have now had an opportunity to consider that decision and:

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I/We now agree to release these embryos for donation. I/We understand that this decision is irrevocable. I/We understand that my/our previously paid deposit will **not** be refunded until I/we have completed the following:

- A. Each partner that contributed gametes must complete a Post-Retrieval Questionnaire
- B. Each partner that contributed gametes must have a physical exam by Dr. Morris or his designee
- C. Each partner that contributed gametes must have testing for communicable disease according to FDA guidelines.

I/We understand that I/we have absolutely no legal claim to any children produced from the use of embryos we have donated. We are donating these embryos anonymously. We will not attempt to ascertain the identity of the recipient couple. If we discover the identity of the recipient couple, we will not attempt to contact the recipient couple or children born to them or attempt to obtain custody of any children produced from the use of any embryos we have donated.

We understand our anonymity will also be maintained from the recipient couple. We acknowledge, however, that it is possible that a child or children born using embryos we have donated may attempt to contact us. We realize that that currently there are cases in which children who were given up for adoption have attempted through the courts or through legislation to have the identity of their genetic parents revealed even against the parent's wishes and that similar efforts could be initiated by the children born of donated embryos.

We acknowledge that under certain circumstances, a child may require medical information about us or our family. We agree to allow Dr. Morris or his agents contact us to obtain this information. All attempts will be made to keep our anonymity intact.

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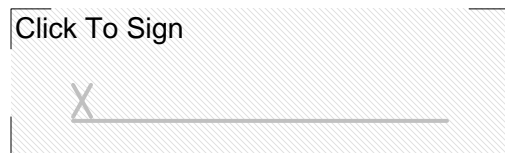
I/We have changed our decision and have instead decided to maintain custody of these embryos for our own use. I/We understand that the deposit previously paid will be kept as payment for cryopreservation and that I/we will be responsible for any future storage fees so long as any of these embryos remain cryopreserved. **Must also sign Cryopreservation Agreement.**

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I/We have changed our decision and have instead decided to discard these embryos. I/We understand that the deposit previously paid will be kept as payment in full for cryopreservation and disposal.

We acknowledge that we have read the above consent in its entirety and have had any questions answered completely and to our satisfaction.

We understand the risks, consequences, and potential benefits of using donor embryos.

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