

# The Center for Advanced Reproductive Services

[www.uconnfertility.com](http://www.uconnfertility.com)

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*Fertility Testing & Treatment • IVF • PGD • Counseling*  
*Egg & Sperm Donor Programs • Pregnancy Loss Evaluation*

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Dear Patient,

After completing IVF treatment many couples have questions regarding the options for their frozen embryos. We have put together this resource of some options and explanations of how they work.

- It is important to consider if your family building is complete. Keep in mind the chance of a successful pregnancy is greater with “younger” eggs. Additionally, since a frozen embryo thaw cycle does not require stimulation medications, retrieval etc. it is much more cost effective - approximately one third the cost of a fresh embryo cycle. Embryo storage fees however will continue with this option until you decide to use your embryos in the future or dispose of them.
- If you are currently pregnant, please be aware that the cost of the initial embryo freezing (cryopreservation) includes one year of embryo storage. Even if you believe that your family building is complete at this time, it may be wise to delay your final decision pending the outcome of your pregnancy.
- If storage costs are a concern, then you may wish to consider the option of moving your embryos to a long term storage facility. This may be a less costly storage option and we will assist you in making these arrangements. See our website [www.uconnfertility.com](http://www.uconnfertility.com) >embryo options for recommended facilities.

**If you wish to proceed with the disposal of your embryos, there are options for you to consider:**

1. **Anonymous Embryo Donation Program here at The Center.**
  - a. There are certain program prerequisites (such as negative infectious diseases, genetic history, etc), which need to be met for this option. This is for the protection of the future child and the recipient.
  - b. Any expenses involved in this pursuit will be absorbed by the program and not billed to you.
  - c. Once accepted into this program, you will no longer be responsible for future quarterly embryo storage fees.
2. **Embryo Donation Program of your choosing outside of our center.**
  - a. Information about these choices and recommendations can be found on our website [www.uconnfertility.com](http://www.uconnfertility.com)
  - b. If you do choose to donate your embryo(s) to another center, you have the responsibility of contacting the program yourself and complying with any of the program’s pre-requisites.
  - c. We will, however, be able to assist you with meeting your pre-requisites and making the arrangements for the embryo(s) transfer at which time your storage billing will end.

3. **Donate Embryo(s) to Research.**

- a. Our website [www.uconnfertility](http://www.uconnfertility.com) will provide you with information or you may locate a research center of your own choice.
- b. If you do choose to donate your embryo(s) to research, you have the responsibility of contacting the program yourself and complying with any of the program's pre-requisites.
- c. We will however be able to assist you with making the arrangements for the embryo(s) transfer.

4. **Discard of Your Embryo(s).**

- a. Ethical Guidelines of the American Society for Reproductive Medicine ([www.asrm.org](http://www.asrm.org)) will be followed.
- b. These cryopreserved materials will no longer be available to you for use in any assisted reproductive technology (ART) or other fertility treatment or procedure.

**Once you have made a decision regarding the disposition of your embryos, please follow the following steps if you choose to discard the embryos:**

1. In order to discard or dispose of your embryos, you will need to send in the **NOTARIZED** consent form (enclosed) WITH **BOTH** YOUR SIGNATURE and the SIGNATURE of the PARTNER with whom you co-signed the embryo cryopreservation consent form.
  - a. If both partners cannot appear at the notary together, you may duplicate (or download the consent form from our website) and each partner can sign separately. In the event that this is not possible, please call us for direction.
  - b. The Center does have several staff members who are public notaries. Please call ahead to be sure that they are on duty if you wish to use CARS as your public notary.

2. Mail properly executed consent to:

**The Center for Advanced Reproductive Services  
The University of CT Health Center  
Dowling South Building  
MC 6224 att: CARS Lab Director  
263 Farmington Ave  
Farmington , CT 06030**

3. Our practice at the Center is to dispose of embryos on a periodic basis. **However, once we have received both a properly executed disposal consent and have completed a discussion with you concerning your options, your embryo storage billing will end beginning with the next quarterly billing cycle.**

We are always available to answer your questions and provide the information that you may need in considering your options. Please feel free to contact us at 860-679-7046.

Please visit our website at [www.uconnfertility.com](http://www.uconnfertility.com) to review all of these above options in greater detail.

Thank you.

**THE CENTER FOR ADVANCED REPRODUCTIVE SERVICES**

**CONSENT TO THE DISPOSAL OF CRYOPRESERVED MATERIALS IN STORAGE  
("Disposal Consent")**

**PLEASE READ CONSENT CAREFULLY PRIOR TO EXECUTING**

Female Name: \_\_\_\_\_ Female Date of Birth: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_

Male Name: \_\_\_\_\_ Male Date of Birth: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_

Partner Name: \_\_\_\_\_ Partner Date of Birth: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

We (I) \_\_\_\_\_, the couple (individual) whose signature(s) appear below, request and hereby give consent for the disposal of our (my) cryopreserved materials by The Center for Advanced Reproductive Services, PC (The Center), and, as appropriate, its employees, contractors, consultants and authorized agents.

We (I) request that the Center dispose of our (my):

Please check each box that applies:

- Frozen Embryos  
(Requires names and signatures of both members of the couple who signed the original cryopreservation consent for embryo disposal)
- Frozen Sperm, Epididymal Sperm and/or Testicular Tissue  
(Requires male name and signature only)
- Frozen Donor Sperm  
(Requires female name and signature only)
- Frozen Oocytes  
(Requires female name and signature only)

We (I) acknowledge this disposal consent requires the signature of both members of the couple who signed the original cryopreservation consent for embryo disposal, of the male partner only for sperm, epididymal and/or testicular tissue disposal and of the female patient for donor sperm or oocytes. We (I) understand that if we (I) inherited these cryopreserved materials for our (my) own use or obtained the cryopreserved materials for use from a known donor, copies of these agreements and/or consents must be provided along with this consent. In that case, only the signature of the individual(s) involved in that agreement is (are) required.

We (I) understand that, after proper completion of this form, the cryopreserved embryos or cryopreserved sperm, epididymal and/or testicular tissue or oocytes will be discarded according to the Ethical Guidelines of the American Society for Reproductive Medicine (formerly the American Fertility Society). These cryopreserved materials will no longer be available for use in any assisted reproductive technology (ART) or other fertility treatment or procedure.

**This is a two page consent.**

**NOTE: If more than one signature is required, ALL signatures must be notarized. If all partners cannot appear before the notary at the same time, then the form can be duplicated and each partner can sign separately.**

**Please refer to Page 1 for required signatures.**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Male Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Female Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Partner Signature \*\*\* **If no partner, write N/A**

**Note: Notarization of ALL signatures is required.**

State of Connecticut )  
 )  
County of \_\_\_\_\_ )

On \_\_\_\_\_, before me, \_\_\_\_\_,  
Date Name of Notary

personally appeared \_\_\_\_\_,  
List only the names of individuals who actually appeared for this signature

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

**THE CENTER FOR ADVANCED REPRODUCTIVE SERVICES MUST RECEIVE THIS CONSENT FORM PRIOR TO THE DISPOSAL OF THE MATERIALS. THIS FORM MAY BE MAILED TO:**

**For Embryos:**  
Laboratory Director  
Center for Advanced Reproductive Services  
Dowling South Building  
263 Farmington Ave.  
Farmington, CT 06030-6226

**For Sperm:**  
Andrology Lab  
Center for Advanced Reproductive Services  
Dowling South Building  
263 Farmington Ave.  
Farmington, CT 06030-6226

**FOR MORE INFORMATION:**  
Embryo Options: 860.679.7046  
Sperm Storage: 860.679.3460, #2  
Storage Billing Questions: 860.678.5577

**CARS Representative Signature:** (for lab use only)

This consent has been discussed with the patient and/or her partner, if any by a CARS staff member.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date CARS Representative Signature