

DISPOSITION OF EMBRYOS FORM

We, _____ and _____, have one or more cryopreserved human embryos currently stored by Dr. David Olive and/or Dr. Elizabeth Pritts at the Wisconsin Fertility Institute, located at 3146 Deming Way, Middleton, WI (“WFI”) (“the Embryos”). By executing this document and checking the appropriate box below, we knowingly and voluntarily choose to do the following with those Embryos:

- To destroy all of the Embryos in the manner deemed appropriate by WFI according to medically accepted standards.
- To donate all of the Embryos to WFI for the purpose of causing a pregnancy for an anonymous embryo recipient in WFI’s Embryo Donation Program. If this option is chosen, please note that a legal agreement drafted by an attorney will need to be signed, before legal ownership of the Embryos may transfer to WFI.
- To donate all of the Embryos to the following person or persons for the purpose of causing a pregnancy for that person: _____. If this option is chosen, please note that a legal agreement drafted by an attorney will need to be signed, before legal ownership of the Embryos may transfer.
- To donate all of the Embryos to the following embryo adoption or donation agency: _____. If this option is chosen, please note that a legal agreement will need to be signed, before physical custody and legal ownership of the Embryos may transfer.
- To donate all of the Embryos for the purpose of medical research, in WFI’s discretion, to be facilitated by WFI.
- To transfer all of the Embryos to a long-term storage facility, named and located at: _____.

We execute this Consent knowingly and voluntarily. We agree on the disposition selected above with a checked box. We hereby consent to WFI discontinuing storage of the Embryos and disposing of them according to this form.

We hereby release and forever discharge WFI and its employees, agents, directors, owners, and representatives, and hold them harmless, with regard to any and all claims, demands, damages, actions, or suits of any kind on account of all injuries or damages both to person and property that may arise from the disposition of the Embryos selected above.

In signing this document, we certify that: (1) we have read and understand all of the information in this document; (2) we have been given an opportunity to ask any questions we have about this matter and have had our questions answered in a manner satisfactory to us; (3) we have had a reasonable opportunity to consult with an attorney; (4) **we understand that this Consent is IRREVOCABLE**; and (5) we have been given a copy of this document.

Both contributors or spouses/partners must sign below in front of a notary public.

Signature
Print name: _____

Date

Signature
Print name: _____

Date

Subscribed and sworn to before me
on _____ (date).

Notary Public, State of Wisconsin
Print name: _____
County of: _____
My commission is permanent/expires: _____