

PATIENT/INTENDED PARENT: _____ PARTNER: _____ N/A
(Print Name) (Print Name)

This form documents my/our instructions regarding the disposition of my/our embryos created and then tested using Preimplantation Genetic Testing for Aneuploidy (“PGT-A”) (my/our “Tested Embryos”). After having the opportunity to ask any questions and receiving responses to our satisfaction, I/we elect the following disposition for all Tested Embryos:

Instructions: Please select one option in each of the four (4) sections to indicate your decisions regarding the disposition of your Tested Embryos. Both partners, if applicable, must initial by the same selection in each section.

Euploid (no chromosome abnormalities detected) FEMALE embryos (select one):

- _____ / _____ Maintain cryopreserved for possible future use
- _____ / _____ Donate to GIVF for research or laboratory use
- _____ / _____ Discard

Euploid (no chromosome abnormalities detected) MALE embryos (select one):

- _____ / _____ Maintain cryopreserved for possible future use
- _____ / _____ Donate to GIVF for research or laboratory use
- _____ / _____ Discard

Aneuploid (chromosome abnormalities detected) embryos (select one):

- _____ / _____ Donate to GIVF for research or laboratory use
- _____ / _____ Discard

Undetermined (no PGT-A result) embryos (select one):

- _____ / _____ Repeat biopsy and reattempt PGT-A analysis
Embryo(s) will be re-thawed for an additional biopsy (if viable) then re-frozen.
There are no additional fees associated with this option.
- _____ / _____ Maintain cryopreserved embryo(s) for possible future use, including:
Frozen Embryo Transfer(s) to attempt pregnancy; or
Repeated biopsy and PGT-A analysis attempt (with new form & agreement)
- _____ / _____ Donate to GIVF for research or laboratory use
- _____ / _____ Discard

Implications of Cryopreservation: I/We acknowledge that storage of our Tested Embryos may incur additional costs, depending on our previous financial arrangements with GIVF. I/We understand that any questions about these costs may be answered by our financial counselor.

Implications of Donation for Research or Laboratory Use: I/We understand that:

- Donating our Tested Embryos for research or laboratory use will not result in any direct benefits to us.
- Tested Embryos donated for research or laboratory use may be re-tested to confirm the accuracy of the PGT-A results.
- The results of any research conducted using our Tested Embryos will be kept anonymous and will not be released in any individually identifiable form.
- GIVF may, at its sole discretion, dispose of any Tested Embryos not used for research or laboratory purposes.
- Donating Tested Embryos for research use may not be possible or may be restricted by law. While efforts will be made to abide by your wishes, no guarantees can be given that the Tested Embryos will be used for research. In that instance, the Tested Embryos will be designated for laboratory use.
- Tested Embryos donated for research or laboratory use will not be transferred to a woman's uterus and will not be used to achieve a pregnancy.

Implications of Donation or Instructions to Discard: I/We acknowledge that in signing this document we permanently relinquish any and all rights to Tested Embryos that are discarded or donated to GIVF. I/We also understand that discarding or donating Tested Embryos will eliminate the possibility of any child(ren) resulting from those Tested Embryos.

Nothing in this document invalidates or supersedes my/our instructions regarding the disposition of my/our embryos as documented in the Cryopreserved Embryo Disposition Declaration section of GIVF's Informed Consent Signature Packet. Any Tested Embryos that we elect in this document to maintain cryopreserved for possible future use will be subject to our instructions in the Cryopreserved Embryo Disposition Declaration.

ACKNOWLEDGEMENT OF TESTED EMBRYO DISPOSITION SELECTIONS & AUTHORIZATION

I/We understand that the decisions we document here are entirely voluntary and will not affect our relationship with or our medical treatment at GIVF. I/We acknowledge that these disposition instructions will remain in effect for one calendar year following the date of signature and will apply to all Tested Embryos created in all future cycles within that year. I/We acknowledge that if I/we wish to make any changes to the disposition instructions documented here, I/we must complete a new form. Any change(s) in disposition instructions cannot be applied retroactively and will only be applied to testing conducted after the new form is completed and returned to GIVF.

PATIENT/INTENDED PARENT:

Signature: _____

Printed Name: _____

Date: _____

PARTNER: N/A

Signature: _____

Printed Name: _____

Date: _____

GIVF Witness Name: _____

Signature: _____

Title: _____

Date: _____

Forms signed outside the Practice must be notarized and dated

PATIENT:

City/County of _____

State/Commonwealth of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____ by
_____ (Name of person seeking acknowledgment)

Notary Public's signature: _____

Notary registration number: _____

My commission expires: _____

PARTNER:

N/A

City/County of _____

State/Commonwealth of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____ by
_____ (Name of person seeking acknowledgment)

Notary Public's signature: _____

Notary registration number: _____

My commission expires: _____