



Congratulations on your delivery!

Embryo Donation International (EDI) is a subsidiary of Specialists in Reproductive Medicine and Surgery, P.A. (SRMS) and will be referenced throughout this document.

We here at SRMS-EDI are very proud to have played a role in your pregnancy. We hope that these next few months will be filled with anticipation and joy.

We have a couple of requests. First, we are mandated by Federal statutes to obtain confirmation of the delivery data on all of our Assisted Reproductive Technology (ART) pregnancies. Your delivering physician will also be asked to forward some information (separate sheet).

For ART/IVF Pregnancies ONLY:

- A copy of the ***Birth Certificate(s)*** [Legal copy not necessary] and a
- A copy of the ***Birth Announcement***

For All Pregnancies:

Patient Name: _____

Delivery Date: _____

- Singleton Delivery Twin Delivery Triplet Delivery

Baby's Vital Statistics

	Weight	Length	Sex
First Delivered Child			
Second Delivered Child			
Third Delivered Child			

Were there any complications during pregnancy, delivery or the neonatal period?

- Yes No

If yes, please explain: _____

Are there any physical defects with the baby or babies?

Yes No

If yes, please explain:

Lastly, we would really appreciate a picture of your child and/or a picture of the happy family. In fact, we have a number of ideas regarding the utilization of these photographs and a possible story outlining your difficult journey (see the following page).

Sometimes we simply place the pictures in our digital frames. You may recall how optimistic you felt when viewing beautiful pictures in the office. Occasionally, we use the pictures for research, and with permission, publications and promotions. Thank-you cards are often placed out in the front lobby for all patients to read. We have been told that they helped others secure hope during difficult times.

With your permission, we would like to expand our web site to include some of the photographs and stories of the families we became so close to. If you are willing, we would like to share your story on the web. If you would like to have your journey told, please include your story with your pictures and sign the enclosed consent. Your words of wisdom, humor and encouragement may help other couples achieve their goals.

We reserve the right to modify any story that you submit for grammatical corrections and/or length. Due to space constraints, we may not be able to publish all stories.

Lastly, if you have your own personal web page or a business web page that you would like to have listed with your story, please include these links. We will try to notify you of the final publication of your story.

Our greatest personal reward was earning your trust, confidence and respect. It was wonderful taking care of you!

Photography/Video/Story Consent

We agree to the following with the enclosed of photographs, slides, videotapes and any other digital or written materials we have provided to SRMS-EDI.

Specific medical details, including our names and/or the names of our children, will not be included in any publications or promotions without our express consent as provided below.

These photographs/videotapes/birth announcements/thank you cards/slides and/or written stories may be used for general documentation of our medical records, for educational purposes, (i.e., publications and/or lectures at a national, state or local level) or promotions. We hereby waive all rights and claims for payment or royalties in connection with the use, publication or exhibition of the materials with the following limitations:

Choose ONE of the following if you have included pictures/birth announcements or thank you cards:

Options	<i>Parent(s) Initials and Date</i>
Please place the enclosed pictures/birth announcement/ <i>Thank You</i> card only in our digital frames or in the waiting room.	_____ / ___ / ___ _____ / ___ / ___
You may use any included pictures/birth announcement/ <i>Thank You</i> card for the digital frames, presentations, educational work and/or promotions.	_____ / ___ / ___ _____ / ___ / ___

Choose ONE of the following if you have included your story:

Options	<i>Parent(s) Initials and Date</i>
Please consider publishing our story including, but not necessarily limited to, the practice web site. Please do not use our real names in the story.	_____ / ___ / ___ _____ / ___ / ___
Please consider publishing our story including, but not necessarily limited to, the practice web site. You may use our real names in the story.	_____ / ___ / ___ _____ / ___ / ___

_____ Patient's Signature	_____ Patient's Name (Print)	_____ / ___ / ___
_____ Partner's Signature	_____ Partner's Name (Print)	_____ / ___ / ___
_____ Physician's Signature	_____ Physician's Name (Print)	_____ / ___ / ___