



FET Agreement In Gestational Surrogacy Procedures, EDI *General and Monthly Consent Form*

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

I, _____ (Gestational Surrogate) and _____
(Partner, when applicable)

and

we, _____ & _____ (Commissioning Couple) or
I, _____ (Intended Parent) agree to have SRMS-EDI thaw and transfer some or all of the cryopreserved embryos. We understand that not all of the embryos will survive the freeze/thaw process. We leave it to the sole discretion of SRMS-EDI and the Assisted Reproductive Technologies Team to determine how many of the embryos will be thawed for this Gestational Surrogacy Frozen Embryo Transfer Cycle.

Gestational Surrogate Signature	Gestational Surrogate Name (print)	Date / /
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Surrogate Partner's Signature <small>(when applicable)</small>	Surrogate Partner's Name (print) <small>(when applicable)</small>	Date / /
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Commissioning Parent Signature	Commissioning Parent Name (print)	Date / /
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Commissioning Parent Signature <small>(when applicable)</small>	Commissioning Parent Name (print) <small>(when applicable)</small>	Date / /
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IVF Coordinator Signature	IVF Coordinator Name (print)	Date / /
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Physician Signature	Physician Name (print)	Date / /
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Updated: 2/23/2011
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