



Re-Consent for Transfer of Donated Embryos, EDI Assisted Reproductive Technologies

We _____ and _____ agree to have Embryo Donation International (EDI) transfer some or all of our chosen cryopreserved donated embryos.

We have chosen the following donated embryos to transfer:

We understand that not all of the embryos will necessarily survive the freeze/thaw process. While EDI certainly values our desires, we leave it to the sole discretion of EDI and the Assisted Reproductive Technologies Team to determine how many of the embryos will be thawed for transfer on this cycle.

We understand that a new consent will be requested for each individual frozen embryo transfer cycle performed.

Woman's Signature	Woman's Name (print)	_/_/____
Partner's Signature	Partner's Name (print)	_/_/____
EDI Coordinator Signature	EDI Coordinator's Name (print)	_/_/____
Physician's Signature	Physician's Name (print)	_/_/____

Updated: 10/16/2013
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