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

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

and

we, _____ & _____ (**Commissioning Couple**) or
I, _____ (**Intended Parent**) agree to have Embryo Donation International (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 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

_____   _____   ___/___/___
Surrogate Partner's Signature   Surrogate Partner's Name (print)   Date
(when applicable)   (when applicable)

_____   _____   ___/___/___
Commissioning Parent Signature   Commissioning Parent Name (print)   Date

_____   _____   ___/___/___
Commissioning Parent Signature   Commissioning Parent Name (print)   Date
(when applicable)   (when applicable)

_____   _____   ___/___/___
IVF Coordinator Signature   IVF Coordinator Name (print)   Date

_____   _____   ___/___/___
Physician Signature   Physician Name (print)   Date

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