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
(when applicable)

_________________________ _________________________________ ___/___/___
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

Updated: 5/3/2013
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