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)   Date

_______________________  _______________________  __/___/___
Partner’s Signature   Partner’s Name (print)   Date

_______________________  _______________________  __/___/___
EDI Coordinator Signature               EDI Coordinator’s Name (print)  Date

_______________________  _______________________  __/___/___
Physician’s Signature                Physician’s Name (print)   Date

Updated: 10/16/2013
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