

TERMINATION OF STORAGE AND DISPOSAL OF EMBRYOS – DIRECTIVE

I/we the undersigned request that The Fertility Center of New Mexico, TFCNM, no longer store my/our cryopreserved embryo(s).

DIRECTIVE TO TERMINATE STORAGE OF EMBRYOS

ALL CRYOPRESERVED EMBRYOS TO BE RELEASED TO TFCNM FOR DISPOSAL BY LABORATORY PERSONNEL

PATIENT: Initials:_____

PARTNER: Initials:_____

By signing this document, I/we understand that ALL stored cryopreserved embryos will be disposed. I/we have read, understand and accept all terms of this document in full, have had opportunity to ask and have all questions answered, and agree to be bound thereby.

All signatures MUST be Notarized

Patient Name (print)_____ DOB_____

Patient Name (signature)_____ DOB_____

Partner Name (print)_____ Date_____

Partner Name (signature)_____ Date_____

Notary:_____ Date_____

Please return the signed Termination Form to TFCNM at info@nmfertility.com

OFFICE USE ONLY

Reviewed/Released/Approval

by:_____ Date_____

