

PLEASE COMPLETE ALL GREY SECTIONS AND RETURN TO GENE A



OFFICE USE ONLY

Name: \_\_\_\_\_

Date of birth: [ ][ ] . [ ][ ] . [ ][ ][ ][ ]

Patient number (if known): \_\_\_\_\_

Received By: \_\_\_\_\_ Date: [ ][ ] . [ ][ ] . [ ][ ][ ][ ]

Declaration of Excess Oocytes

I, (First Name): \_\_\_\_\_ (Surname): \_\_\_\_\_

Date of Birth: [ ][ ] . [ ][ ] . [ ][ ][ ][ ] Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: [ ][ ][ ][ ]

I declare that my oocyte/s (egg/s) that are currently in clinical cryostorage at Genea are now excess to my reproductive needs.

Please Select an option below - If you wish to speak to someone, please let our embryology admin team know.

<input type="checkbox"/>	<b>Option 1:</b> I hereby request that my stored oocytes be allowed to succumb. I understand that, as a result, there will be no oocytes remaining in storage for me at Genea. I do not consent to any donation of or training on my oocytes before they are allowed to succumb. <input type="checkbox"/> Please tick this box if you wish to receive a confirmation letter regarding your discard.
<input type="checkbox"/>	<b>Option 2:</b> I hereby request that my stored oocytes be allowed to succumb and that I will then collect them. I understand that, as a result, there will be no oocytes remaining in storage for me at Genea. I understand that I will be contacted to arrange a suitable time for personal collection. I understand in the event that I am unable to be contacted or do not respond to Genea's attempts to contact me within 30 days of Genea receiving this form, my oocytes will be allowed to succumb without collection. Furthermore, I understand that if I do not collect on the agreed date, the collection option will no longer be available.
<input type="checkbox"/>	<b>Option 3: Donation:</b> I would like to donate my oocytes currently in storage at Genea to Genea's Donor Egg Program for patients who require the assistance of donor eggs for their fertility treatment. I understand if I proceed with this option, additional counselling, medical screening and consent is required and I will be contacted by the Genea Donor Team to discuss the program and eligibility criteria.
<input type="checkbox"/>	<b>Option 4: Training and Quality Assurance:</b> I hereby consent that my stored oocytes be allowed to succumb and for them to be used for training or quality assurance purposes. I understand that as a result, there will be no oocytes remaining in storage for me at Genea. Allowing my oocytes to be used for training and quality assurance helps Genea to continue to provide the best possible outcomes for patients. Please note training or quality assurance activities consist of warming, handling and potential re-freezing of the oocytes only, after which they will be allowed to succumb. If you wish to discuss the training and quality assurance programs at Genea, please email our Embryology Administration on <a href="mailto:embryology.admin@genea.com.au">embryology.admin@genea.com.au</a> .

Please sign below and attach a photocopy of current photo ID which shows your signature (e.g. driver's license\*)

\*You may cover the driver's licence number, but photograph and signature must not be obscured.

Signature: \_\_\_\_\_ Date: [ ][ ] . [ ][ ] . [ ][ ][ ][ ]

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Site: \_\_\_\_\_ Tank: \_\_\_\_\_ Number of Batches: \_\_\_\_\_

Consent checked and BBS update by: \_\_\_\_\_ (Date: \_\_\_\_\_)

Option 1

Oocytes discarded by: (ID1): \_\_\_\_\_ (ID2): \_\_\_\_\_ (Date: \_\_\_\_\_) BBS updated: \_\_\_\_\_

Option 3:

Emailed details to the Donor Team Date: \_\_\_\_\_

Comments: \_\_\_\_\_