

**PLEASE COMPLETE ALL GREY SECTIONS
AND RETURN TO GENEА.**

OFFICE USE ONLY	
Name:	
Date of birth:	
Patient number (if known):	
Received by:	Date:

Declaration of excess embryo

I, (First Name): _____ (Surname): _____
 Date of Birth: _____ Phone Number: _____
 Address: _____

 _____ Post Code: _____

and I, (First Name): _____ (Surname): _____
if applicable
 Date of Birth: _____ Phone Number: _____
 Address: _____

 _____ Post Code: _____

I/We declare that

All remaining embryos currently in clinical cryostorage
 Embryos (please specify embryo number and cycle number) _____
 Are now excess to my/our reproductive needs.

Please tick the appropriate option

OPTION 1: Allowing embryos to succumb	
	<p>Option 1A: We hereby request that our embryos be allowed to succumb. We understand that there will therefore be no embryos remaining in storage for us at Genea. <i>Please tick this box if you wish to receive a confirmation letter regarding your discard.</i></p>
	<p>Option 1B: We hereby request that our embryos be allowed to succumb and that we will then collect them. We understand that there will therefore be no embryos remaining in storage for us at Genea. We understand that we will be contacted prior to the straws being removed from cryostorage to arrange a suitable time for personal collection. We understand that if we are unable to be contacted or do not respond to Genea's attempts to contact us within 30 days of Genea receiving this form our embryos will be allowed to succumb without collection. We understand that by agreeing upon a time for collection will mean that the embryos are removed from storage on the day prior to our arrival and if we do not collect them on the agreed date they will be allowed to succumb without collection. <i>Please tick this box if you wish to receive a confirmation letter regarding your discard.</i></p>

- **Please note that there is no cooling off period for Options A or B. Your instruction will be processed upon receipt of this completed form.**
- Please be aware that Genea may need to contact you to further confirm your consent if the consent form has not been completed correctly.
- Do not hesitate to contact Genea's Embryology Administrative team if you have any questions regarding this process. Contact information located at bottom of this consent form.

OPTION 2: Donation to another couple: this option is not available if your embryos were created from donated gametes.

Although Genea does not offer embryo donation, we understand that Genea will support our choice by facilitating the necessary requirements to enable our embryos to be transported to a clinic of our choice that offers embryo donation, as well as a transport
For further enquiries regarding this option please call the Genea Transport Coordinator on (02) 8484 6588.

Both partners need to sign below and **attach a copy of photo identification** that contains your signature (e.g. Driver's Licence*)

**You may cover the driver's licence number but photograph and signature must be visible*

Signature: _____ Date: . .

Partner's Signature: _____ Date: . .
(if applicable)

Genea Embryology Administration

T: (02) 9229 6441

E: embryology.admin@genea.com.au

A: Embryology Administration department Level 4, 321 Kent Street, Sydney NSW 2000 Australia