



## Embryo Donor Packet Review Consent Form, EDI

We have read the provided information on the following treatment(s)/procedure(s):

- Patient Information and Consent to Donate Embryos, EDI**
- Embryo Donor Packet Review Consent Form, EDI (this form)**
- Notification of New Genetic Concerns by Donating Parents, EDI**
- Consent For Transfer to and Acceptance by EDI for Cryopreserved Donated Embryos**

We have read and understand the above patient information packet(s), and we have had an opportunity to ask questions regarding the above topic(s) and have had them answered to my satisfaction.

Our questions have been answered to our satisfaction.

\_\_\_\_\_  
Woman's Signature

\_\_\_\_\_  
Woman's Name (print)

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Partner's Signature

\_\_\_\_\_  
Partner's Name (print)

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
EDI Coordinator's Signature

\_\_\_\_\_  
EDI Coordinator's Name (print)

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name (print)

\_\_\_/\_\_\_/\_\_\_  
Date

Updated: 10/16/2013

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