

INSTRUCTIONS FOR COMPLETING THE EMBRYO STORAGE AGREEMENT

Please complete all of the items listed below **PRIOR** to returning this document to the Clinic or the Andrology/Embryology Laboratory. Please note that the notaries in our office will not be able to answer questions regarding this document. **If you have questions pertaining to this document or the completion of it, please contact Theresa Duval, Embryology Laboratory Coordinator, by telephone at 503-418-3756 or by email at eclab@ohsu.edu.**

- [] You can disregard "Agreement #" at the top of page 1. The Embryology Laboratory will complete this section when we take receipt of your completed contract.
- [] Page 1: Place your **legal** name(s) in the blanks the near the top of the page.
- [] After reading the specimen storage agreement, initial the bottom right-hand corner of each page in the area indicated by the word "CLIENT." Both the patient's and her partner's initials are required on every page (1-6).
- [] Page 2, Section B: This section is asking you to enter the name of the person who will have sole authorization as to the disposition of your embryos, should you and your partner disagree. This name may be the female patient, her partner or some other person. Both the patient and her partner must initial this section.
- [] Page 2, Section C: You may select either subparagraph 1 or 2 OR both. If neither subparagraph's one nor two are options for you, leave them blank.
- [] Page 4, Section 7: Please write in the name of someone we can contact in case we are unable to locate you in the future. We will not disclose confidential information.
- [] Page 6: Both the patient and her partner **MUST** have their signatures **NOTARIZED*** on this page. **THERE ARE NO EXCEPTIONS TO THIS.**
- [] Appendix A: Write your names on the blank lines.

*The OHSU Infertility Clinic has a notary service available for your use. For those who choose to utilize the notaries, you are required to provide picture I.D. at the time of notarization, i.e., drivers' license. There is no charge for this service. **The notaries are generally available in the Andrology Lab, Monday through Friday, 7:30 a.m. to 4:30 p.m.** Please complete the storage agreement before notarizing your signatures. If you would like to make an appointment, please call the Andrology Laboratory at 503-418-3750.

Fee Schedule

For the Storage of Cryopreserved Embryos at
Oregon Health & Science University, Embryology Culture Lab
Effective March 1, 2006

0-5 Years: \$200.00 per year**

Greater than 5 Years: \$400.00 per year

**The first year of storage is included in the fee for cryopreservation.