

LIFELINE CRYOGENICS, LLC

1275 SUMMER STREET • SUITE 204 • STAMFORD, CONNECTICUT 06905 • TEL: 203-967-2796

STATEMENT REGARDING EMBRYO DISPOSITION

We, _____ and _____ hereby acknowledge that _____ of our embryos, which resulted from our in vitro fertilization cycle on _____ are kept in frozen storage at Lifeline Cryogenics.

We hereby direct Lifeline Cryogenics to discard our embryos according to their standard protocol and at the earliest practicable date.

We understand that upon the receipt of this signed agreement our embryos will be thawed and discarded. There will be no other notification except to confirm that the embryos have been discarded.

We, _____ and _____ have read and understood the foregoing statement.

Dated

PRINT NAME

Dated

PRINT NAME

Subscribe and sworn to before me on this day of _____

Notary Public

My Commission expires: _____