

Patient Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Delaware Valley Institute of Fertility & Genetics  
6000 Sagemore Drive, Suite 6102  
Marlton, NJ 08053

Dear Dr. \_\_\_\_\_

I \_\_\_\_\_ and my husband/partner  
\_\_\_\_\_ request that the Delaware Valley Institute of  
Fertility & Genetics terminate our participation in the **Cryopreservation  
Program**. We also request to handle the cryopreserved embryos that are  
stored at the Delaware Valley Institute of Fertility & Genetics in the  
following manner: **This form must be notarized by a Notary Public.**

The embryo(s) will be donated to the research project(s) carried out at the  
Delaware Valley Institute of Fertility & Genetics. I understand that the  
embryos I donate will become the property of Delaware Valley Institute  
of Fertility & Genetics. Research will not involve transfer to other  
patients or animals, only the evaluation of proteins and DNA to improve  
future IVF outcomes.

Sincerely Yours,

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Husband/Partner Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Date**