

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 straw(s) will be removed from the liquid nitrogen storage tank and  
allowed to thaw in room temperature. Then they will be handled according  
to OSHA procedures and regulations concerning handling and disposing  
biological material.

Sincerely Yours,

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Signature

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

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