

**AGREEMENT AND CONSENT FOR THE DISPOSAL OF
CLIENT DEPOSITOR HUMAN REPRODUCTIVE MATERIAL OR EMBRYOS**

In accordance with the Assisted Human Reproduction (AHR) Act (2004) and the AHR Act Section 8 Consent Regulations (2007), Donors¹ of Human Reproductive Material (HRM) or Embryos may request the destruction and disposal of their HRM or Embryo(s).

NOTE: The AHR Act defines a HRM “Donor” as any individual from whose body HRM is obtained for use in any assisted reproductive procedure, including individuals who use their own sperm or eggs in fertility treatment.

The AHR Act defines Embryo Donors depending on the origin of the HRM used to create the Embryo. You will need to provide this information to CAN-AM Cryoservices in order to request disposal/destruction.

CAN-AM refers to Donors who store or use their Embryos, sperm or eggs for their own reproductive use as “Client Depositors”.

Requests made to CAN-AM Cryoservices Corp. (“CAN-AM Cryoservices”) for the destruction and disposal of HRM or Embryo(s) must adhere to the following conditions:

- i. Requests must be submitted to CAN-AM Cryoservices in writing and be signed and authorized by all recognized Donors as defined by the AHR Act (2004), the AHR Section 8 Regulations (2007) and any other applicable Regulations under the AHR Act; and,
- ii. Requests apply only to HRM and Embryo(s) which are under the control of CAN-AM Cryoservices and are located on its business premises [at Suite 102, 1057 Main Street West, Hamilton, Ontario, Canada L8S2B7].
- iii. Disposal will conform to Client Depositor(s)’s written Consent for the Use of HRM or Embryos, which may include destruction in the process of improving assisted reproductive procedures or providing instruction in assisted reproductive procedures. Client Depositors wishing to allow use of their HRM or Embryo(s) in the pursuit of scientific research may request additional information.
- iv. Disposal of Embryo(s) created using the sperm or eggs from one or more individuals other than the Client Depositor(s) may require additional Consent documentation from the other individual(s).

¹ Please refer to the AHR Section 8 Regulations (2007) for more information regarding the definition of HRM and Embryo Donors.

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Please complete the following:

CLIENT DEPOSITOR(S) INFORMATION			
_____	Date of Birth	____/____/____	____/____/____
<i>1st Client Depositor Name (LAST, First, Initial)</i>		YYYY	MM DD
_____	Date of Birth	____/____/____	____/____/____
<i>2nd Client Depositor Name (LAST, First, Initial) IF APPLICABLE</i>		YYYY	MM DD
_____	_____	_____	_____
<i>Street No & Name</i>	<i>City</i>	<i>Prov.</i>	<i>Postal Code</i>
Telephone: Home: (____) _____		Work: (____) _____	

Which of the following Deposits currently in Storage at CAN-AM Cryoservices are for disposal?
(check all that apply)

	Number of containers	Container Identification (Account or specimen numbers, date, etc.)
<input type="checkbox"/> Embryo(s)	_____	_____
<input type="checkbox"/> Sperm	_____	_____
<input type="checkbox"/> Egg(s)	_____	_____
<input type="checkbox"/> Other	_____	_____

CLIENT DEPOSITOR PHOTO IDENTIFICATION

Please provide **one (1)** piece of Photo Identification to CAN-AM staff to verify your identity. Depositors disposing of Embryo(s) must present the Photo ID of all legal Donors of the Embryos, where applicable.

1st Client Depositor (attach copy of document)

CAN-AM initials	ID	Document Number	CAN-AM initials	ID	Document Number
	Driver's License	_____		OHIP	_____
	Canadian Passport	_____		IMM 5444	_____
	Indian Status Card	_____		Other	_____

2nd Client Depositor - if applicable (attach copy of document)

CAN-AM initials	ID	Document Number	CAN-AM initials	ID	Document Number
	Driver's License	_____		OHIP	_____
	Canadian Passport	_____		IMM 5444	_____
	Indian Status Card	_____		Other	_____

**AGREEMENT AND CONSENT FOR THE DISPOSAL OF
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SECTION 1 Complete this section if you are requesting destruction of HRM (*Sperm or Eggs*)

I, _____ (*Client Depositor*), authorize CAN-AM Cryoservices to perform the destruction and disposal of the contents of all containers of my HRM as I have indicated, located on the premises of CAN-AM Cryoservices, in accordance with the Assisted Human Reproduction (AHR) Act (2004), the AHR Section 8 Regulations (2007) and all applicable Regulations under the AHR Act.

Furthermore, I acknowledge and agree to all of the following conditions:

1. I confirm that my HRM has not been designated for third-party use.
2. The method(s) and schedule of HRM destruction will conform to CAN-AM Cryoservices' Standard Operating Procedures and, if applicable, my completed Consent for Use of Human Reproductive Material provided to CAN-AM Cryoservices. I understand that HRM consigned to destruction cannot be used to create an embryo for the purposes of creating a human being.
3. I am responsible for any outstanding fees or charges related to the Storage and Use of my HRM up to the date of the signing of this Consent, and any fees or charges related to the destruction of my HRM.
4. I agree to indemnify, hold harmless, and provide defense from any claim, demand, cause or action for damages or otherwise asserted against CAN-AM Cryoservices arising out of the destruction of my HRM. The provisions of this paragraph shall extend to and include CAN-AM Cryoservices and its officers, directors, agents and independent contractors. I agree that this agreement shall be construed in accordance with the laws of Ontario and the laws of Canada applicable therein.
5. I give my informed consent to the destruction of my HRM willingly.

Client Depositor Name (LAST, First, Initial)



Signature of Client Depositor

Witness (Name)

Witness (Signature)

Client Depositor(s) Street No & Name

City

Prov.

Postal Code

Tel: Home: (____) _____

Other: (____) _____

DATE: ____ / ____ / ____
 YYYY MM DD

Optional: (Client Depositor less than 18 years of age)

Name of Parent/Guardian

Signature of Parent/Guardian

**AGREEMENT AND CONSENT FOR THE DISPOSAL OF
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SECTION 2, CONTINUED Complete this section if you are requesting *destruction of Embryo(s)*

I, _____ (*Embryo Donor #1*), and
I, _____ (*if applicable, Embryo Donor #2*), authorize
CAN-AM Cryoservices to perform the destruction and disposal of the contents of all containers of my/our Embryo(s) as I/we have indicated, located on the premises of CAN-AM Cryoservices, in accordance with the Assisted Human Reproduction (AHR) Act (2004), the AHR Section 8 Regulations (2007) and all applicable Regulations under the AHR Act.

Furthermore, I/we acknowledge and agree to all of the following conditions:

1. I/We confirm that the Embryo(s) has/have not been designated for third-party use and that I/we are the sole legal Donors of the Embryo(s).
2. The method(s) and schedule of Embryo destruction will conform to the following: CAN-AM Cryoservices' Standard Operating Procedures; and, my/our Consent for the Use of Human Reproductive Material which has been provided to CAN-AM Cryoservices (if applicable); and, the Consent for Use of Human Reproductive Material completed by the Embryo Gamete Donor(s) which has been provided to CAN-AM Cryoservices (if applicable). I/We understand that Embryo(s) consigned to destruction cannot be used to create a human being.
3. I/We am/are responsible for any outstanding fees or charges related to the Storage and Use of the Embryo(s) up to and including the date of the signing of this Consent, and any fees or charges related to the destruction of the Embryo(s) prior to, or after this date.
4. I/We agree to indemnify, hold harmless, and provide defense from any claim, demand, cause or action for damages or otherwise asserted against CAN-AM Cryoservices arising out of the destruction of the Embryo(s). The provisions of this paragraph shall extend to and include CAN-AM Cryoservices and its officers, directors, agents and independent contractors. I agree that this agreement shall be construed in accordance with the laws of Ontario and the laws of Canada applicable therein.
5. I/We give my informed consent to the destruction of the Embryo(s) willingly.

1st Client Depositor Name (LAST, First, Initial)

2nd Client Depositor Name (IF APPLICABLE)

Signature of 1st Client Depositor

Signature of 2nd Client Depositor (IF APPLICABLE)

Witness (Name)

Witness (Signature)

Client Depositor(s) Street No & Name

City

Prov.

Postal Code

Tel: Home: (____) _____

Other: (____) _____

DATE: _____ / _____ / _____

YYYY MM DD

Optional: (Client Depositor less than 18 years of age)

Name of Parent/Guardian

Signature of Parent/Guardian