

RE: EMBRYO GENETIC TESTING (PGT), DNA ANALYSIS AND DISCLOSURE OF EMBRYO INFORMATION

To: Treating IVF Clinic / Embryology Laboratory — Georgia

Dear Doctor / Laboratory Director:

The Intended Parent(s) have elected to obtain comprehensive genetic and chromosomal testing of embryos created during their IVF treatment as part of their reproductive planning and informed medical decision-making.

The purpose of this testing is to obtain clinically appropriate information regarding embryo chromosomal status and other genetic information that may lawfully be obtained through preimplantation genetic testing ("PGT"), including PGT-A and, where medically appropriate, PGT-M or other validated genetic testing.

The Intended Parent(s) request that the treating clinic and laboratory:

1. Perform or facilitate the legally permitted biopsy, preservation, genetic testing and/or DNA analysis of the embryos;
2. Provide the Intended Parent(s) and their authorized physicians with the complete genetic and chromosomal testing results that may lawfully be disclosed;
3. Identify embryos considered suitable for transfer based upon the laboratory's applicable medical and embryological criteria;
4. Preserve all biopsy samples, laboratory records and genetic-testing reports as permitted by applicable law; and
5. Where particular genetic information — including information concerning sex chromosomes — cannot legally be disclosed or used for non-medical selection in Georgia, preserve the embryos and cooperate, where legally permissible, with their transfer or export to an appropriately licensed facility in another jurisdiction.

The Intended Parent(s) understand that genetic testing may reveal information concerning the X and Y chromosomes. Nothing in this authorization requires the Georgian clinic, physician or laboratory to disclose, select, prioritize or transfer an embryo on the basis of sex where doing so would violate Georgian law or applicable professional regulations.

The Intended Parents are doing DNA tests and need to address concerns about sex-linked genetic disorders. As embryo sex information is medically relevant — for example, because of a documented risk of a sex-linked genetic disorder — the Intended Parent(s) request that the clinic evaluate disclosure and embryo selection in accordance with applicable Georgian law and accepted medical practice.

If the Intended Parent(s) subsequently elect lawful family balancing or embryo selection in another jurisdiction, such selection shall be performed only in a jurisdiction in which the requested procedure and disclosure are legally permitted. The Georgian clinic's role may be limited to embryo creation, medically appropriate testing, cryopreservation and lawful transportation/export.

INTENDED PARENT ACKNOWLEDGMENT

I/We authorize the genetic and chromosomal testing described above and acknowledge that the availability and disclosure of particular genetic information are governed by the laws applicable to the clinic, laboratory and location where the testing and treatment are performed.

Nothing in this authorization is intended to require any physician, clinic or laboratory to perform an act prohibited by applicable law.

Intended Parent: _____ Signature: _____ Date: _____

Second Intended Parent (if applicable): _____ Signature: _____ Date: _____