



## Notification of New Medical or Genetic Concerns by Embryo Recipients

### Please Note:

While many **Embryo Recipients** are single, these materials use the singular “**We**” to mean all single and couple Embryo Recipients, making it easier to read.

### Introduction:

We understand that Embryo Donation International (EDI) asked us to notify them if any serious medical conditions or inherited (genetic) conditions were discovered in our **Donor-Conceived Children**.

We understand that the information we provide may be very important to the **Embryo Donors** and their families.

We are also aware that EDI asks **Donors** to notify EDI if a new serious medical or genetic condition is discovered in their family, which could affect the future medical care of our **Donor-Conceived Children**. If EDI receives new significant information from the donors, we will be contacted by EDI.

### Our Updated Identifying Information:

Since we may have moved, we will update the information below:

Name(s) at the time of receiving our donated embryos: \_\_\_\_\_

Current Name(s) Used: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Best Cell Phone to call: \_\_\_\_\_

## New Medical/Genetic Concerns:

Individual's Name & how related	Age at Diagnosis	Actual Diagnosis	Consequences of Diagnosis (Use separate paper if needed)

We may attach additional pages to provide a full explanation of the condition. EDI may need to speak with one of our clinicians to obtain details about the diagnosis. To do so, your permission will be required.

We will keep this Notification document in a secure location in case we need to contact EDI.

## Summary:

EDI thanks us for our assistance in keeping the **Embryo Donors** and the EDI staff informed of new medical and genetic concerns discovered in our **Donor-Conceived Children**.

_____ Recipient's Signature	_____ Recipient's Name (print)	____/____/____ Date
_____ Recipient's Signature (if applicable)	_____ Recipient's Name (print)	____/____/____ Date
_____ EDI Representative Signature	_____ EDI Representative Name (print)	____/____/____ Date

Updated: 3/16/2026

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