

Exhibit 1
Patient Consent
Disposition of Discarded Embryos of Insufficient Quality for Embryo
Transfer

I have been advised that certain eggs or embryos are determined to be of insufficient quality for either embryo transfer or cryopreservation. Embryos are determined to be of "insufficient Quality" for transfer or cryopreservation due to one or more of the following characteristics:

- a. The embryo has stopped developing in culture.
- b. The embryo has a high degree of fragmentation.
- c. Blastocysts have low numbers of cells or very little expansion.

I understand, acknowledge, and have been advised as follows:

1. The embryos will be used to derive human pluripotent stem cells for research that may include human transplantation research.
2. This donation is made without any restriction or direction regarding the individual(s) who may be the recipient(s) of transplantation of the cells derived from the embryo.
3. Information that could identify me as the donor of the embryos, directly or through identifiers linked to me, will be removed prior to the derivation or the use of human pluripotent stem cells.
4. The derived cells and/or cell lines may be kept for many years.
5. It is possible that the results of research on the human pluripotent stem cells may have commercial potential. I will not receive financial or any other benefits from such future commercial development.

6. The research is not intended to provide direct medical benefit to me.

7. The donated embryos will not be transferred to a woman's uterus and will not survive the human pluripotent stem cell derivation process.

Patient's Signature

Dated: _____

Witness' Signature

Dated: _____

Husband's Signature

Dated: _____

Witness' Signature

Dated: _____

I, the undersigned, have defined and fully explained embryo donation as stated above to the patient and her husband, and I have answered all of their questions.

Physician's Signature

Dated: _____
