

CONSENT FOR EMBRYO CRYOPRESERVATION

TM

We had a free discussion with Dr. _____ we understood that:

1. We _____
(name of wife) _____ (name of husband) hereby give consent for cryopreservation of extra embryos (Number of embryos _____) resulting from assisted reproductive technology procedure.
2. We request that these embryos be stored for subsequent transfer to the female partners' uterus or other such use as is permitted by this consent.
3. We understand that some or all of our embryos may not survive the freezing and thawing process. We understand that equipment malfunction or technical error may occur and result in embryo loss. The IVF laboratory will make the determination of embryo viability after thawing.
4. Information regarding the effects of long-term cryopreservation of the embryos is not available at this time.
5. We understand that Institute of Human Reproduction (IHR) has set a storage limit of five years (from the date of cryopreservation). If at the end of the five-year period, we have not utilized all our embryos, we agree that the IHR may, dispose our embryos in a manner as agreed by us in this consent form.
 Discard our embryos Donate embryos to another couple
6. We acknowledge that we are financially responsible for the freezing and storage of these embryos and, should we fail to pay the freezing & storage fees in time, the embryos will be disposed of in a manner as agreed by us in this consent form. The institute shall make all the attempts to give reminder for the renewal of the embryo but it is the sole responsibility of the patient to make the renewal payment on time. A late fee of Rs. 100/- (rupees hundred only) per day shall be charged.
 Discard our embryos Donate embryos to another couple
7. We recognize it is our responsibility to jointly contact the IHR prior to the expiration of five years and to deposit the storage charges in time.
8. In the event of the death of one of us, the IHR is authorized, without further instructions from us to do the following with our unused embryos:
 Discard our embryos Donate embryos to another couple
 Comply with any decisions of the surviving spouse relative to embryo disposition.
9. In the event of death of both of us, the IHR is authorized, to do following with our unused embryo. None of our relative will have any right over our unused embryos
 Discard our embryos Donate embryos to another couple

Signature of Consultant:

Signature of Male Partner:

Signature of Female Partner:

10. I, Give

Don't Give

Consent to transfer our frozen embryo(s) into my wife's uterus in my absence.

TM

11. In the event of divorce between us, the IHR is authorized, without further instructions from us to do the following with our unused embryos:

Discard our embryos

Donate embryos to another couple

12. We have been explained everything in a language that we understand and have been given sufficient time to understand and all our queries were answered.

13. We have received a copy of the consent form.

Patient's signature _____ Partner's signature _____

Our contacts address (Address at which all the communication will be sent):

Phones : _____ (Code) _____

Email: _____

Physician's signature _____ Date _____

Payment agreement

1. Paid the cryostorage fees upto: _____ Authority's signature: _____

Patient's signature: _____ Partner's signature: _____

2. Paid the cryostorage fees upto: _____ Authority's signature: _____

Patient's signature: _____ Partner's signature: _____

3. Paid the cryostorage fees upto: _____ Authority's signature: _____

Patient's signature: _____ Partner's signature: _____

Hope lives here...

IHR