

4.4 Consent for Freezing of Embryos

We _____ and _____ consent to freezing of the embryos that have resulted out of IVF/ICSI with our gametes. We understand that the embryos would be normally kept frozen for five years. If we wish to extend this period, we would let you (the ART clinic) know at least six months ahead of time. If you do not hear from us before that time, you will be free to (a) use the embryos for a third party; (b) use them for research purposes; or (c) dispose them off. We also understand that some of the embryos may not survive the subsequent thaw and that frozen embryo-replaced cycles have a lower pregnancy rate than when fresh embryos are transferred.

*Husband

In the unforeseen event of my death, I would like

- | | |
|--------------------------------|--------------------------|
| The embryos to perish | <input type="checkbox"/> |
| To be donated to my wife | <input type="checkbox"/> |
| To be donated to a third party | <input type="checkbox"/> |
| Used for research purposes | <input type="checkbox"/> |

Signed:

Dated:

***Wife**

In the unforeseen event of my death, I would like

The embryos to perish

To be donated to my husband

To be donated to a third party

Used for research purposes

Signed

Dated :

Endorsement by the ART clinic

I/we have personally explained to _____ and _____ the details and implication of his/her/their signing this consent/approval form, and made sure to the extent humanly possible that he/she/they understand these details and implications.

Name, Address and Signature of the Witness from the clinic

Name and Signature of the Doctor

Dated

* The appropriate option may be ticked