

4.5 Consent for the Procedure of PESA and TESA

Name of female partner

Name of male partner

We hereby request and give consent to the procedure of PESA and TESA for ICSI, to be performed on the male partner.

We understand that

- a) There is no guarantee that the sperm will be successfully removed or that sperm will necessarily fertilise our oocytes.
 - b) Should the sperm retrieval fail, the following options will be available for the retrieved oocytes.
 - i) Insemination of all or some oocytes using donor sperm
 - ii) Donation of oocytes to another infertile couple
 - iii) Disposal of oocytes according to the ethical guidelines
- (Tick the appropriate option)

Each of the above points has been explained to us by _____

The procedure(s) carried out does (do) not ensure a positive result, nor do they guarantee a mentally and physically normal body. This consent holds good for all the cycles performed at the clinic.

Endorsement by the ART clinic

I/we have personally explained to _____ and _____ the details and implications 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.

Signature of Male Partner

Name, Address and
Signature of the Witness
from the clinic

Signature of Female Partner

Name and Signature of the Doctor

Dated