Center for Infertility and Reproductive Surgery
ASSISTED HATCHING (AH) CONSENT

General:
By signing below, I am/we are saying that I/we have:

- Read and understood the information in the Assisted Hatching (AH) section of the Education Booklet and Informed Consent for Assisted Reproduction. This booklet is Version 02-2013.

- Read and understood the information in the booklet about the overall risks of AH.

- Had the procedure fully explained to me/us.

- Had all of my/our questions completely answered.

- Asked the BWH CIRS to help me/us conceive a child with the use of AH.

__________________________________    Date________  Time________ AM/PM
Patient’s Signature

__________________________________    Date________  Time________ AM/PM
Partner’s Signature

By my signature I am saying that I reviewed the above information with the patient, the patient verbalized understanding, and was provided opportunity to ask any questions.

______________________________  [ ] [ ]  Date_______  Time_______ AM/PM
Physician’s Signature