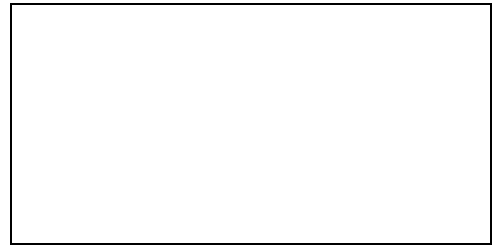




BRIGHAM AND
WOMEN'S HOSPITAL

75 Francis Street, Boston, MA 02115



Center for Infertility and Reproductive Surgery

EMBRYO FREEZING CONSENT

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

- Read and understood the information in the Embryo Freezing, Storage of frozen embryos and eggs, and Frozen Embryo Transfer 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 Embryo Freezing and Frozen Embryo Transfer.
- Had the procedures 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 Embryo Freezing (cryopreservation).

New England Cryogenic Center: By signing below, I am/we are saying that I/we understand:

- That a separate agreement must be signed for storage of my/our frozen (cryopreserved) embryos with New England Cryogenic Center.
- There will be extra charges with this agreement.

Patient's Signature

Date_____ Time_____ AM/PM

Partner's Signature

Date_____ Time_____ AM/PM

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.

Physician's Signature

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Date_____ Time_____ AM/PM