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.

______________________________________________________________ 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