



**CONSENT FOR EMBRYO  
CRYOPRESERVATION**

FOR INPATIENTS: AFFIX PATIENT LABEL OR  
WRITE IN BOTH PATIENT NAME & MR NUMBER

FOR OUTPATIENTS: WRITE IN BOTH PT NAME & DOB

PATIENT NAME: \_\_\_\_\_

DOB OR MR #: \_\_\_\_\_

I \_\_\_\_\_ and \_\_\_\_\_  
(Print patient's name) (Print partner's name, if applicable)

have entered a treatment program at the Women and Infants Fertility Clinic (WIFC) to undergo in vitro fertilization ("IVF") for the purpose of creating a child. As a part of the IVF process, I/we understand that often times more embryos (eggs fertilized by sperm) are created than are transferred within a cycle. I/we consent to cryopreservation (freezing) of any excess embryos by WIFC for possible transfer in a subsequent cycle.

I/we understand that some embryos may not reach the stage of development where they can be frozen. The IVF physicians and/or embryology staff determine which excess embryo(s), if any, are appropriate for freezing.

The risks and benefits of cryopreservation have been discussed with me/us and I/we understand them. I/we understand that complications can happen as a result of the process. Complications include, but are not limited to:

- Damage to embryos- I /we understand that the embryos may be damaged during the freezing process, or during the storage period. If an embryo is damaged, it will not successfully survive the thaw and is not transferred back to attempt pregnancy.
- Loss of embryos – I/we understand that embryos can be lost during the culture, freezing or storage period.
- Failure of embryo(s) to develop normally after thawing. Embryos that do not develop normally are not transferred back to attempt pregnancy.

I/we acknowledge that embryos may be damaged as a result of the malfunction (failure to work properly) of equipment used in the embryology laboratory, and this damage is beyond the control of WIFC.

I/we are aware that there is no guarantee that pregnancy will occur following the transfer of any thawed embryo(s).

I/we understand that any pregnancy following the transfer of any thawed embryo(s) is subject to the same risks and complications as pregnancies achieved without medical intervention. These complications include, but are not limited to:

- ectopic pregnancy (pregnancy occurring outside of the uterus and is life threatening)
- preterm labor
- pregnancy with birth defects
- miscarriage
- stillbirth

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Alternative options to cryopreservation and the risks and benefits of those alternative options have been explained to me/us and I/we understand them. These alternatives may include, but are not limited to:

- discarding excess embryo(s);
- donating excess embryo(s) to another person (This option requires Food and Drug Administration (FDA) screening and testing prior to donation.);
- donating excess embryo(s) for research;
- transporting frozen embryo(s) to another facility.

I/we understand that the lists of risk and complications related to the above procedures are not complete and that my/our physician has discussed with me/us that other unforeseen risks do exist and that additional procedures may be required. I/we consent to those procedures which my/our physician deems necessary.

I/we acknowledge that I/we are responsible for all costs and fees incurred for embryo freezing and storage.

I/we acknowledge that this form has been explained to me/us and I/we understand its contents. I/we have had the opportunity to ask questions which have been answered to my/our satisfaction.

Signature: \_\_\_\_\_  
Patient

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M  
P.M

Signature: \_\_\_\_\_  
Partner (if applicable)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M  
P.M

**Provider's Acknowledgement:**

I confirm that consent, as described above, has been given by the patient (and partner, if applicable.)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Provider) (Provider)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M  
P.M

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**Interpreter's Acknowledgement (if applicable):**

I confirm that consent as described above, has been given by the patient (and partner, if applicable.)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Interpreter) (Interpreter)

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
A.M  
P.M

**For Partner's Signature if not signed at WIFC**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Then personally appeared before me the above named \_\_\_\_\_, and  
being duly sworn under the penalty of perjury acknowledged the foregoing to be his/her free act and  
deed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_  
MY COMMISSION EXPIRES: \_\_\_\_\_