



WOMEN & INFANTS HOSPITAL
Providence, RI 02905
**CONSENT FOR EMBRYO HANDLING
AND CYCLE INITIATION**

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)
consent to Women and Infants Fertility Center initiating the in vitro fertilization (IVF) process for the
purpose of creating a child using the following gametes (please initial all that apply):

Patient eggs _____

Partner sperm _____

Partner eggs _____

Donor eggs _____
(donor name or donor number)

Donor sperm _____
(donor name or donor number)

I/we acknowledge that I/we have read and signed the consent forms associated with the IVF process,
and have had the opportunity to ask questions regarding those procedures and their associated risks and
complications. While those consent forms are signed on an annual basis, I/we acknowledge that signing
this form gives WIFC my/our permission to begin the IVF procedures for each cycle.

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

Time: _____ A.M./P.M. Date: _____ Signature: _____
Patient

Time: _____ A.M./P.M. Date: _____ Signature: _____
Partner, if applicable

Provider's Acknowledgement:

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

Time: _____ A.M./P.M. Date: _____ Signature: _____
(Provider)

Print Name: _____
(Provider)

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 #: _____

Interpreter's Acknowledgement (if applicable):

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

Time: _____ A.M./P.M. Date: _____ Signature: _____
(Interpreter)

Print Name: _____
(Interpreter)

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: _____