

FROZEN EMBRYO TRANSFER CONSENT

1. I/We, the undersigned, hereby consent to our involvement in the procedure of Embryo Transfer that may involve treatment provided by all physicians at Heartland Fertility and Gynecology Clinic (Heartland).
2. I/We acknowledge the nature, purpose, and contemplated effect of the procedure and it has been fully explained to our satisfaction by the medical officer(s) concerned, and our consent is given voluntarily.
3. I/We understand and accept the benefits and limitations of transferring to the uterus the maximum number of embryos as indicated below.
4. I/We understand that, while the purpose of these procedures is to establish a viable pregnancy, it has also been explained that no guarantee of success can be given. Some or all of the cryopreserved embryos may not survive the thawing process.
5. I/We acknowledge the details of the procedures have also been explained to us, including the possible use of micromanipulation for assisted embryo hatching.
6. I/We understand the possible risk of fetal malformation occurring in the event of pregnancy and are aware of the availability of tests to detect some fetal malformation during pregnancy. I/We also accept the possible risk of multiple pregnancy and/or tubal pregnancy arising from these procedures.
7. I/We understand that frozen / thaw embryo transfer will only be done with the written consent of both biological parents or both intended parents when donor gametes have been used.
8. I/We agree to absolve, release, indemnify, protect and hold harmless Heartland, its officers, directors, agents and employees, from any and all liability, claims or damages including legal fees, arising from any adverse outcome, however remote, resulting frozen embryo transfer including but not limited to the loss or destruction of embryos, the birth of a physically or mentally disabled child or subsequent disputes between the parties regarding the custody and/or support of any children ultimately born as a result of this procedure.

USE OF REPRODUCTIVE MATERIAL

Please write yes or no as indicated and initial beside the applicable option to confirm your instructions.

I/We hereby consent to the use of our reproductive material (cryopreserved embryos) for the purpose of achieving a pregnancy within this relationship. (yes/no) _____

EMBRYO TRANSFER

Initials

· Up to _____ embryos are to be transferred _____

WITHDRAWAL OF CONSENT

1. I/We understand that I/we may at any time withdraw our consent to undergo any procedure.
2. I/We understand to withdraw our consent for use of our reproductive material Heartland Clinic must be notified in writing prior to its use.

CONSENT AND ACKNOWLEDGMENT

IN SIGNING THIS CONSENT, I/we acknowledge that I/we have been given sufficient time to consider our actions and to seek such independent legal or other advice as I/we deem appropriate prior to our execution of this document and that:

- a) I/We have read and I/we understand this document.
- b) I/We have discussed the procedure with a Heartland physician, who has provided us ample opportunity to ask any questions and have them answered to our satisfaction prior to our execution of this document.
- c) I/We acknowledge that no guarantee or assurance has been made to us by Heartland as to the results that may be obtained by participating in the Frozen Embryo Transfer Program.
- d) I/We acknowledge that this document is by no means a complete record of our conversations with Heartland physicians and staff.

DATED this _____ day of _____, _____

Patient _____

Partner _____

Witness _____

Witness _____

I have consulted with and explained the contents of this Consent Form to the patient and partner.

Date _____

Signature Of Physician _____