

IN VITRO FERTILIZATION CONSENT (Addendum)

Initials

A. INSEMINATION

· If 5 oocytes or less are retrieved then insemination may be performed by Intracytoplasmic Sperm Injection (ICSI) (yes/no)_____.

If “yes”, an Intracytoplasmic Sperm Injection Consent Form must be executed by the parties

DATED this _____ day of _____, 20_____

FEMALE Signature

PARTNER Signature

WITNESS

WITNESS

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

DATE

SIGNATURE OF PHYSICIAN