OREGON HEALTH & SCIENCE UNIVERSITY

Division of Reproductive Endocrinology and Infertility

EMBRYO THAW AND TRANSFER

INFORMED CONSENT

We, _____ (patient) and _____ (partner), have consented to attempt to become pregnant using our cryopreserved embryos from in vitro fertilization. We understand that the embryos are subject to our joint disposition and, therefore, we agree to thaw our embryo(s) and transfer for the purpose to become pregnant.

We understand that there is no guarantee that the embryos will survive the freezing or thawing process nor that pregnancy will occur. We also understand that rare equipment failures or laboratory accidents can occur at any point in the process resulting in loss of the embryos.

If pregnancy is successfully established, we also understand that miscarriage, ectopic pregnancy, multiple births, stillbirth and/or congenital abnormalities (birth defects) may occur. We understand that there is no indication of any increase in the rate of abnormalities in children born after cryopreservation. We understand that until very large numbers of children have been born following freezing of embryos, the actual rate of abnormalities is unknown. We accept this uncertainty and acknowledge that any abnormality of a child conceived through this procedure is not the responsibility of the Oregon Health & Science University.

Our questions about embryo thaw and transfer have been answered to our satisfaction by the IVF team and we consent voluntarily to have our embryos thawed as is appropriate for our Embryo Thaw and Transfer cycle.

Note: Consent is valid for 30-days ONLY after signatures are notarized.

_____
Patient's Signature Date

State of _____

County of _____

Signed or attested before me on _____

_____
Official Notary Public Signature

Title _____

My Commission Expires _____

NOTARY STAMP

_____
Partner's Signature Date

State of _____

County of _____

Signed or attested before me on _____

_____
Official Notary Public Signature

Title _____

My Commission Expires _____

NOTARY STAMP