

IVF Cryopreservation Consent Form

Both _____ (patient)
and _____ (partner)

wish to participate in the cryopreservation program (embryo freezing) as part of our treatment by in vitro fertilization-embryo transfer (IVF-ET).

1. We understand that some or all of our embryos may not survive the freezing and thawing process. The IVF laboratory will make the determination of embryo viability after thawing. We understand that Assisted Hatching will be done on the frozen embryos unless they are frozen at the blastocyst stage. Information regarding the effects of long-term cryopreservation of the embryos is not available at this time. We understand that equipment malfunction or technical error may occur and result in embryo loss.
2. We request that all fresh, normal embryos not transferred during our IVF-ET treatment cycle be frozen and stored, to be used in an effort to initiate pregnancy in the wife at a future time.
3. We have been advised that the University's IVF Program has set a storage limit of five years (from the date of cryopreservation). If at the end of the five-year period, we have not utilized all our embryos, we agree that the University may, without any further instruction from us, discard our embryos.

The University will endeavor to notify us of the expiration of the five-year period by at least 30 days notice by certified mail, return receipt requested. However, we have been informed and agree that it is our responsibility to keep track of this time. If we do not wish the University to carry out our instructions as set forth above, we recognize it is our responsibility to jointly contact the University prior to the expiration of five years. Otherwise, we accept and agree that the disposition of our embryos, as indicated above, will go into effect.

4. Prior to the expiration of the five-year period, there may be reasons why we would choose to make a disposition of our unused embryos. Such reasons would include divorce, realization of our family size, the wife is incapable of achieving pregnancy or we no longer wish to pay our storage fees. In the event that we desire to dispose of our embryos prior to the expiration of the 5-year period, we will jointly notify the University. In the event that there is a disagreement between us as to whether we wish the University to continue to maintain our embryos, we understand that the University will maintain the embryos (assuming we continue to pay the storage fees) until we both agree or until one of us obtains a binding court order containing a direction to the University as to the disposition of the embryos. In any event, however, if we do not agree, or do not obtain a court order, the University is authorized to discard our embryos at the end of the five-year period.

5. In the event of the death of one of us, the University is authorized, without further instructions from us to do the following with our unused embryos:

_____ Discard our embryos
_____ Comply with any decisions of the surviving spouse relative to embryo disposition
_____ Donate embryos to another couple

6. Data from your ART procedure will also be provided to the Centers for Disease Control and Prevention (CDC). The 1992 Fertility Clinic Success Rate and Certification Act requires that the CDC collect data on all assisted reproductive technology cycles performed in the United States annually and report success rates using this data. Because sensitive information will be collected on you, CDC applied for and received an “assurance of confidentiality” for this project under the provisions of the Public Health Service Act, Section 308 (d). This means that any information that CDC has that identifies you will not be disclosed to anyone else without your consent.

Patient's signature _____
Date _____

Partner's signature _____
Date _____

Physician's signature _____
Date _____