

IVF Consent for the Disposal of Fresh Embryos

Both (Patient) _____

and (Partner) _____

requested that _____ of our oocytes be inseminated in order to increase our chances for fertilization and pregnancy.

We understand that, because of the increased risk of multiple conceptions, only a maximum of from two to six embryos can be replaced into the wife's uterus, depending on individual circumstances.

We have chosen the following option:

_____ We wish to have _____ of our non-transferred embryos cultured for an additional 2-3 days. Any of those that develop to the blastocyst stage are to be frozen; any that do not develop are to be disposed of according to established laboratory protocol.

_____ We wish to dispose of all of the remaining embryos according to established laboratory protocol.

We understand that the alternative is to freeze all of the embryos, which we do not wish to do.

Patient's Signature _____

Partner's Signature _____

Date _____

Physician's Signature _____

Date _____