

Frozen Embryo Thaw and Transfer Consent

I/We _____ and _____ being single/married/unmarried couple, have
(please circle)

jointly approved and consented to allow our cryopreserved embryos to be thawed by CNY Fertility, and if viable, transferred into the female partner in an attempt to achieve a pregnancy.

We understand that one, some, or all of our embryos will be thawed according to CNY Fertility protocols and the discretion of the laboratory and or doctor. These embryos will be prepared in the laboratory for a Frozen Embryo Transfer (FET). These embryos will be Assisted Hatched (AH) which is a microtechnique that is performed on the embryos to facilitate their hatching from the zona for implantation.

We understand that there is no guarantee that the embryos will survive the freezing, thawing or the assisted hatching process, and that rare equipment failures or laboratory accidents can occur, any of which may cancel the transfer of our embryos. We also understand that there is no guarantee that a pregnancy will occur if or when our embryos are transferred back to the uterus.

If a FET, and a subsequent successful pregnancy occur, we also understand that an ectopic pregnancy, miscarriage, multiple birth, stillbirth and or congenital abnormalities (birth defects) may occur. We understand that the rate of congenital abnormalities (birth defects) in babies conceived naturally is 2-3% and is not known to be different in babies conceived with IVF or FET. We acknowledge that any abnormality of a child conceived thorough this procedure is not the responsibility of CNY Fertility Center.

We the undersigned have had the opportunity to have all of our questions about the FET process answered to our satisfaction. We also understand the purpose, benefits and risks involved in this procedure.

Signature of Patient

Signature of Partner

Printed Name

Printed Name

Date of Birth

Date of Birth

Date

Date

Witness Signature