

EMBRYO THAW AND TRANSFER CONSENT
OHSU Fertility Consultants
Oregon Health and Science University

We, _____ and _____,
Female Partner Male Partner (if applicable)

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 viability 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 OHSU Fertility Consultants or 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.

Consent is valid for 30 days after signatures are notarized.

Female Partner Signature Date

State of _____

County of _____

Signed or attested before me on

Official Notary Public Signature

Title _____

My Commission Expires

Male Partner Signature (if applicable) Date

State of _____

County of _____

Signed or attested before me on

Official Notary Public Signature

Title _____

My Commission Expires
