

RANDY S. MORRIS M.D.
BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY
AND INFERTILITY

Agreement for Performance of a Frozen Embryo Transfer Cycle using Donated Embryos

We, and agree to undergo infertility treatment using assisted reproductive techniques. We have had the process explained to us in detail and we have had an opportunity to have all of our questions answered. Donated frozen embryo transfer cycle is the utilization of previously frozen (cryopreserved) embryos from another couple's IVF cycle for the purpose of producing a pregnancy.

The protocol involved for this cycle is briefly summarized as follows:

1. The female named above will take several hormonal medications over the course of several weeks for the purpose of promoting the development and maturation of her uterine lining.
2. At the appropriate time, the donated frozen embryos will be thawed and assessed for viability
3. If at least one embryo is deemed to be healthy and viable, it will be transferred into the uterus.

We are requesting embryos from Donor . This donor has embryos frozen.

- We want to thaw the minimum necessary to obtain viable embryos or
 We want to thaw embryo(s).

We understand that it is possible that there may be no viable embryos and that there may be no transfer.

As of May 25, 2005, the Centers for Disease Control and Prevention (CDC) increased the requirements for testing of persons who donate eggs, sperm and embryos. This applies to embryos created on or after that date. When both partners have had complete testing, they embryos are designated "Donor Eligible". In some cases, embryos created after May 25, 2005 may not have completed testing (for example in the case of death of one or both partners).


- The embryos we are receiving were created before May 25, 2005.
 The embryos we are receiving are designated "Donor Eligible"
 The embryos we are receiving were created after May 25, 2005 but did not have complete testing. We have been advised of the risk of communicable disease and would like to proceed with their transfer.

Data from your IVF procedure will also be provided to the CDC. The 1992 Fertility Clinic Success Rate and Certification Act requires that CDC collect data on all assisted reproductive technology cycles performed in the United States annually and report success rates using these 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.

By signing this document below, we certify that we are entering into this agreement voluntarily and as a couple. It is our intention through this treatment to have the female named above and whose signature appears below, conceive and deliver a child or children. We understand that whether or not our own gametes (sperm, eggs) have been used to achieve conception, that we both assume full legal and financial responsibility for any children born as a result of this treatment regardless of our future marital status.

This agreement is intended for use for a single assisted reproduction cycle. A separate agreement must be signed for any subsequent cycles. We acknowledge that we have read the above agreement in its entirety and have had any questions answered completely and to our satisfaction. We understand that if either the male or the female withdraws their consent to this agreement in writing, such changes may result in cancellation of the cycle. Changes to the plan require both partners sign a new consent form prior to the time when the procedure would be performed.

Our signatures below indicate our agreement to undergo a donated frozen embryo transfer cycle as outlined above.

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