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 BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY
 AND INFERTILITY

Agreement for Performance of Frozen Embryo Transfer Cycle

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.

Frozen embryo transfer cycle is the utilization of previously frozen (cryopreserved) embryos 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 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.
4. Limits on the number of eggs to be thawed:

Click To Sign	Click To Sign	We would like to attempt to thaw all of our embryos. We understand embryos can't be refrozen.
Click To Sign	Click To Sign	We only want to thaw _____ embryos.
Click To Sign	Click To Sign	We want to thaw the minimum necessary to obtain _____ viable embryos. We understand that multiple embryos may be frozen together requiring a higher number to be thawed.

5. The embryos will be inspected periodically to assess their normalcy and development. Embryos which are determined to be abnormal, unhealthy, or non-viable will be discarded in an ethically acceptable manner.

Data from your IVF 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 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 (with the exception of embryos we have designated for donation) 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 embryos would be thawed.

Our signatures below indicates our agreement to undergo an assisted reproduction cycle as outlined above.

Click To Sign

 X

Click To Sign

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