



Name: _____
MRN: _____ Age: _____ Gender: _____
Date of Birth: _____ Nationality: _____

## COUPLE'S CONSENT TO THE PRESERVATION OF UNFERTILIZED OVA BY FREEZING

We, the married couple

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 ID/Passport No.: \_\_\_\_\_  
 Residing at the following address: \_\_\_\_\_  
 \_\_\_\_\_

Approve to the preservation and storage of our unfertilized ova at Centre, at the discretion of the Centre's medical and technical staff, and such for a period of five years, where the approval shall be subject to renewal every year.

We are aware that it is not permitted to transfer or transport any of the unfertilized ova preserved under the custody of the medical and scientific staff without the written consent of the husband, the wife, and the medical staff. Such consent shall be given within 28 days prior to the transfer or transportation. We are also aware that the transportation of unfertilized ova outside the State is prohibited. We agree that, upon the expiration of the storage period agreed upon, the Centre or medical staff may dispose of the unfertilized ova through approved methods.

NAME	SIGNATURE	DATE	TIME
Husband:			
Wife:			
Treating Physician:			