



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

SPOUSES' CONSENT TO ASSISTED REPRODUCTIVE TECHNIQUE PROCEDURE

We, the married couple,

Mr. _____ Mrs. _____

Nationality _____

ID/Passport No.: _____

Residing at the following address: _____

Declare that we have applied to _____ Center through the medical and technical staff, to have the procedure of Assisted Reproductive Techniques (internal – external) performed. And that we have been informed and understand that the method used may include the following:

- a. Preparing the wife by giving her hormone medication as prescribed by specialists.
- b. Extracting ova from the ovaries through the vagina.
- c. Fertilizing the ova with the husband's sperm.
- d. Maintaining the embryos resulting from the fertilization process for the period determined by the medical and technical staff with a view to preparing the embryos for implantation into the uterus or the fallopian tubes.
- e. Selecting the most suitable embryos by the medical and technical staff.
- f. Transferring the selected embryos into the wife.

We agree to these procedures and to the wife's treatment with medication and anesthesia whenever necessary. We also agree to any other measures within the procedure that the medical staff deem necessary during treatment. We understand and accept that there is no assurance of a pregnancy resulting from these procedures because the success rate is relative even if the ova have been treated and transferred into the uterus. Furthermore, we understand and accept that the medical staff cannot guarantee that the pregnancy will result in the birth of a living and normal baby.

We agree that the decisions regarding the suitability of the embryos to be transferred into the uterus shall be based on the opinion of the Centre's medical staff. We do not approve to the transfer of the embryos to any woman other than the wife. We understand the following:

- That as in natural pregnancy, fetal deformity is possible.
- That as in natural pregnancy, abortion is possible.
- That there is no guarantee that the ova shall develop during the determined induction cycle and that the extraction process may be cancelled in case of no response.
- That there is a slight possibility for excessive ovarian stimulation and the risks of exposure as the medical and technical staff has explained to us.
- That the ova are not always in good condition upon extraction.

NAME	SIGNATURE	DATE	TIME
Husband:			
Wife:			
Treating Physician:			