

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

**SPOUSES' CONSENT TO THE TRANSFER OF EMBRYOS INTO THE UTERUS OR THE FALLOPIAN TUBE**

We, the married couple,

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

Declare that we have applied to \_\_\_\_\_ Centre through the medical and technical staff, to have the procedure of Assisted Reproductive Techniques (internal – external) performed, and that we have been notified and understand that the method used may include the following:

- a. Preparing the wife by giving her hormone medication as prescribed by the specialists.
- b. Extracting ova from the ovaries through the vagina.
- c. Fertilizing the ova by 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 wife's 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 during the treatment. We understand and accept that there is no assurance that a pregnancy will result 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 to the transfer of the embryos to the fallopian tubes via endoscopy and under general anesthesia. We have been informed of the complications resulting from endoscopy, such as bleeding, intestinal perforation and other. We approve that the medical staff at the Centre carry out the necessary procedures in case of occurrence of any complications. We understand that the pregnancy may result in twins or triplets (depending on the number of transferred ova and embryos). We also understand that multiple-birth pregnancies may lead to complications that might develop during the pregnancy at a higher percentage than in single pregnancies.

We understand that as in natural pregnancy, risks and complications of ectopic pregnancy are a possibility. We accept the decisions issued by the Centre's medical and technical staff regarding the suitability of the embryos to be transferred into the uterus or the fallopian tube.

NAME	SIGNATURE	DATE	TIME
Husband:			
Wife:			
Treating Physician:			