



EuroPGDCode  
Informed Consent IVF



## Agreement concerning In Vitro Fertilisation treatment

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The undersigned,

Ms....., born .....and

Mr....., born .....

Address:.....

have confirmed their wishes below by deleting the options they do not prefer or which are not applicable to their situation and by signing this form.

They have read the information leaflet on In Vitro Fertilisation (IVF) published by the .....and agree to the treatment as described in this leaflet. yes/no

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They grant their consent for their data, as collected for the IVF *without* their names being recorded, to be used for the benefit of

- medical records yes/no
  - evaluation of the treatment applied yes/no
  - scientific research by the doctors responsible for the treatment yes/no
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If any sperm has been or is frozen, they accept the terms and conditions that apply to the freezing of sperm for the purpose of IVF treatment (as explained in the IVF information leaflet). yes/no

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They are aware that the sperm will be disposed of, without prior notification to the undersigned, after the agreed storage period (that is, the duration of three IVF treatments or a period of one year from the time the sperm is frozen) has expired. yes/no

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They are aware that if they wish to have the frozen sperm stored for a longer period of time than that referred to above, they have to submit a written request to the ..... IVF team (.....) yes/no

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They agree to have one or, at the most, two embryos transferred to the uterus after the egg collection, in accordance with ...regulations (as explained in the IVF leaflet). yes/no

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If more than one or two embryos have been obtained, they agree to allow the extra embryos to be frozen for transfer at a later date, provided that the embryos in question are suitable for freezing. yes/no

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\* Please delete the option that is not preferred or not applicable

\*\* This agreement consist of two pages

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They are acquainted with the rules applied by the ... for the freezing and storage of embryos (as explained in the IVF information leaflet) and agree to these rules.	yes/no
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They agree to having a maximum of two frozen and defrosted embryos transferred to the uterus.	yes/no
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Eggs that have not been fertilised (1), eggs that have been abnormally fertilised (2) and embryos that have not been transferred but are of insufficient quality to be frozen (3) may be either destroyed, or made available for scientific research purposes within the..... The ... is engaged in scientific research aimed at improving the IVF method and at developing new techniques to detect serious hereditary disorders at an early stage (as explained in the IVF information leaflet). Sex cells and embryos made available for such research will be kept in the laboratory for a maximum of seven days

The undersigned hereby make it known that the procedure to be followed with regard to any eggs or embryos such as those described in the preceding paragraph is to be:

- |   |  |
|---|--|
| (1) Unfertilised eggs:  | request for destruction/ consent for use in research |
| (2) Abnormally fertilised eggs:                               | request for destruction/consent for use in research  |
| (3) Embryos not transferred and<br>not suitable for freezing: | request for destruction/consent for use in research  |

Place: .....

Date:.....

.....

Woman's signature

.....

Man's signature

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\* Please delete the option that is not preferred or not applicable  
....., February 20