



EuroPGDCode  
Informed Consent PGD



## Agreement concerning In Vitro Fertilisation treatment with Preimplantation Genetic Diagnosis\*\*

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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.

The 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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If applicable, they have read the annex on Intracytoplasmic Sperm Injection (ICSI) and agree to the treatment as described in the annex. yes/no\*

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They have they have read the annex on Pre-implantation Genetic Diagnosis (PGD) and agree to the treatment as described in the annex. yes/no\*

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They grant their consent for their data, as collected for the IVF/ICSI/PGD *without* their names being recorded, to be used for the benefit of yes/no\*

- 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 will be frozen, they accept the terms and conditions that apply to the freezing of sperm for the purpose of PGD 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 PGD 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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\* Please delete the option that is not preferred or not applicable

\*\* This agreement consist of three pages

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They agree to the following rules governing the transfer of embryos to the uterus:

- Embryos which are affected by the disorder for which the PGD test was performed will *not* be transferred. yes/no\*
- Embryos for which test results are inconclusive will *not* be transferred. yes/no\*
- Should more than one or two unaffected embryos be available, their morphology and cell division rate will decide which ones are transferred. yes/no\*

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In the case of some recessive hereditary disorders, the embryo's can be divided into three categories: (1) embryos that are affected by the disorder, (2) embryos that are carriers of the disorder, and (3) embryos that are not affected by the disorder and are not carriers (explained in the PGD annex). The embryos that are not affected by the disorder (3) and carrier embryos (2) are eligible for transfer. Parents can be informed about whether or not the embryos to be transferred are carriers

The undersigned:

- intend to undergo PGD for a recessive disorder and *do* want to be informed about whether or not embryos to be transferred are carriers. yes/no\*
- intend to undergo PGD for a recessive disorder and *do not* want to be informed about whether or not embryos to be transferred are carriers. 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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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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\* Please delete the option that is not preferred or not applicable

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Eggs that have not been fertilised (1), eggs that have been abnormally fertilised (2), embryos that are unsuitable for transfer based on the results of a PGD test (3) and embryos that have not been transferred but are of insufficient quality to be frozen (4) 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 unsuitable for transfer: request for destruction/consent for use in research\*
- (4) Embryos not transferred and not suitable for freezing: request for destruction/consent for use in research\*

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Place: .....

Date:.....

.....

Woman's signature

.....

Man's signature

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