



EMBRYO THAW CONSENT

I/We _____ (patient)

and _____ (partner)

wish to have some/all of our cryopreserved (frozen) embryos thawed. Some or all of our embryos may not survive the thawing process. The determination of embryo viability after thawing will be made by the IVF laboratory. Information regarding the long term effects of cryopreservation of the resulting children is not available, but information to date does not indicate any increase in birth defects or other problems. Equipment malfunction or technical error may occur and result in embryo loss.

Please check plan below for lab to Thaw accordingly:

Plan to Thaw _____ embryos to be thawed