

Patient MRN: \_\_\_\_\_

## SUMMARY OF IVF CONSENT

I/We have read the information attached in the "Informed Consent for Assisted Reproduction." I/We have had adequate time to review the information and are ready to begin an IVF Treatment Cycle. My/our questions have been satisfactorily answered and I agree to undergo the IVF procedure.

Patient Name – Please PRINT	Patient Signature	Date of Birth	Date
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Partner Name (If Applicable) – Please PRINT	Partner Signature	Date of Birth	Date
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## IVF SPECIFIC REQUESTS

Please select **ONE**:

- I authorize NMG to Cryopreserve (freeze) any viable embryos and agree to pay additional fees for freezing and storing my embryos. Please note that NMG does not provide long term storage of embryos
 

Patient Initials	Partner Initials
  
- I do **NOT** authorize NMG to Cryopreserve (freeze) any viable embryos in excess of those transferred.
 

Patient Initials	Partner Initials

If embryos have been cryopreserved and **death or incapacitation occurs**, you agree to **ONE** of the following:

- Thaw and discard the embryos
 

Patient Initials	Partner Initials
- Donate the embryos for research
 

Patient Initials	Partner Initials
- Donate the embryos to another couple
 

Patient Initials	Partner Initials

Do you authorize NMG to carry out the following procedures if, in the opinion of your physician and/or laboratory staff, this will significantly increase the chance of pregnancy, and agree to pay additional fees for the procedure?

1. Intracytoplasmic Sperm Injection (ICSI) ..... Yes    No
 

Patient Initials	Partner Initials
2. Assisted Hatching ..... Yes    No
 

Patient Initials	Partner Initials