

Female Patient Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Karande & Associates, S.C. doing business as  
**INVIA FERTILITY SPECIALISTS**

**ASSISTED REPRODUCTIVE TECHNOLOGIES PROGRAM**

**ACKNOWLEDGEMENT OF DONOR EMBRYO THAW**

**Description, Explanation, and Informed Consent**

We have been informed that as of this date: \_\_\_\_\_ there are \_\_\_\_\_ # of embryo(s) in Donor Embryo Batch # \_\_\_\_\_. It is our wish to utilize these donated embryos in an attempt to establish pregnancy. We also understand that the entire batch of embryos may not be for our exclusive use and once an ongoing pregnancy is established, any remaining embryos from this donated batch will be placed back on the Donor Embryo Availability list.

We understand the published reports indicate approximately 60% of all cryopreserved embryos survive the thawing process; however, it is difficult or impossible to predict how many of our thawed embryos will survive and/or continue to develop and be suitable for transfer.

**Number of Embryos for Transfer**

Female \_\_\_\_\_ Partner \_\_\_\_\_ Our desire is to have \_\_\_\_\_ embryos for transfer. It has been explained to us that the A.R.T. team will come as close to our wishes as possible.

**All of our questions regarding the INVIA FERTILITY SPECIALISTS' Acknowledgement of Donor Embryo Thaw Consent have been answered. Each of us has read the consent and acknowledges receipt of a copy of this consent.**

\_\_\_\_\_  
Date Signature of Female Patient Female Name – Print

\_\_\_\_\_  
Date Signature of Partner Partner Name – Print

**As one of the members of InVia Fertility Specialists, by my signature indicate that the foregoing consent was read, discussed and signed in my presence.**

\_\_\_\_\_  
Date Signature of Witness (Female Patient) Witness Name – Print

\_\_\_\_\_  
Date Signature of Witness (Partner) Witness Name – Print

**NOTE: If you or your partner are unable to have this consent witnessed by a staff member at INVIA FERTILITY SPECIALISTS or FULLY UNDERSTAND THIS CONSENT, please notify the INVIA FERTILITY SPECIALISTS medical staff. We will provide you with further information and a witness. If you wish to sign the consent outside of INVIA FERTILITY SPECIALISTS, please have the consent notarized.**

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State of \_\_\_\_\_, County of \_\_\_\_\_ ss., I, the undersigned, a Notary Public in and for the said County in the State aforesaid; DO HEREBY CERTIFY that

\_\_\_\_\_  
(Female Patient/ Partner)

personally known to me as the same persons whose names are subscribed to the foregoing document before me this day in persons, and acknowledged that he and she signed, sealed and delivered the said document at his and her free and voluntary act, for the use and purposes therein set forth.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Commission expires on: \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

(Notary Seal)