

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 EMBRYO THAW

Description, Explanation, and Informed Consent

At our request, our frozen embryo(s) will be used during this cycle in an attempt to establish pregnancy. We have been informed that as of this date: _____ we have _____ embryo(s) in storage.

We understand 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.

We understand that we have the following options available:

Option 1: Our desire is to have _____ embryos for transfer. We will allow the A.R.T. team to thaw as many embryos as necessary in an attempt to reach our transfer goals. It has been explained to us that the A.R.T. team will come as close to our wishes as possible.

Option 2: We will allow the A.R.T. team to thaw _____ (number) embryos only.

We have chosen the following option (please initial and check appropriate box):

Female _____ Partner _____ Option #1 – Thaw to reach desired number for transfer.

Female _____ Partner _____ Option #2 – Thaw _____ only*
(*number indicated must match number listed above)

