



CONSENT TO TRANSFER CRYOPRESERVED EMBRYOS

I, (female patient, hereafter referred to as patient) _____, and
(male patient, hereafter referred to as partner) _____, participants at West Virginia's Fertility Institute
("Center") hereby consent as follows:

1. We have decided to proceed with transfer of our frozen embryos. Accordingly, we consent to the receipt of thawed cryopreserved embryos for the purpose of transfer into the patient to attempt to achieve pregnancy.
2. We understand that there are four major steps in this process:
 - (i) Hormone replacement therapy of patients, to prepare the lining of the uterus for implantation.
 - (ii) Thawing of cryopreserved embryos.
 - (iii) Assisted Hatching (AH) of the embryos
 - (iv) Transfer of embryos to patient's uterine cavity.
3. We understand that there are risks involved in all these procedures. The hormone replacement therapy (consisting of estrogen and progesterone) the patient will undergo may cause headaches, irritability, nausea, and mood swings. In high doses, estrogen has been associated with high blood pressure and blood clotting leading to stroke and/ or heart attack.
 - The risks associated with thawing cryopreserved embryos, Assisted Hatching and transfer of embryos to patient's uterine cavity have been discussed with us in connection with our consent to participate in the in vitro fertilization program.
4. We understand that we will be responsible for the costs of thawing the embryos, preparing the patient for the transfer, and for transferring them into patient's uterine cavity. We acknowledge that our insurance may not cover or reimburse us for this procedure.
5. We acknowledge that any questions we have about the Center or receiving frozen embryos have been answered to our satisfaction by the Center's staff.
6. An executed copy of this form has been provided to us for our records.

Patient

Partner

Witness

Date