

NATIONAL AUTHORITY OF MEDICALLY ASSISTED HUMAN REPRODUCTION

WRITTEN CONSENT FOR DONATION OF GENETIC MATERIAL

(CITY)...../.../...

To Assisted Reproduction Unit.....

Of

The below signers

Mrs.....Father's name.....Identity Card Number.....or/and

Mr.....Father's name.....Identity Card Number.....

We certify that we have been informed in depth, by the scientific staff of the Unit and that we have fully understood the procedure, the terms, the alternatives, the expected results, according to the experience of the Unit, as far as our case is concerned, the potential risks, the ethical, social, legal and economic effects of the chosen procedure. Furthermore, we certify that our questions have been answered and we know that if any other questions emerge, we have the option to apply to the Unit again.

After these we consent to :

- A.Embryos donation
- B.Semen donation
- C.Oocytes donation
- D.Testicular tissue donation
- D.Blastocysts donation

To the Unit

In order to be donated to

- A. to a third person interested
- B. to the Unit for Scientific purposes

Please underline your choices

Signatures

The wife

The Husband

Note: In case of cohabitant partners, or single woman, this consent is provided with notary document.