

NATIONAL AUTHORITY OF MEDICALLY ASSISTED HUMAN REPRODUCTION

WRITTEN CONSENT FOR PREIMPLANTATION GENETIC DIAGNOSIS

(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 all these:

1).We applied to the Authority of Assisted Human Reproduction, through the Unit's staff, in order to undergo in vitro fertilization and preimplantation genetic diagnosis.

2).The preimplantation genetic diagnosis will be carried out with:

A.PGD

B.Aneuploidy screening(PGS)

C.CGH microarrays

D.Fish technique

(Please underline your choices)

.....Date.....

The wife Fullname / Signature

.....Date.....

The husband Fullname / Signature

.....Date.....

The Physician Fullname / Signature