

NATIONAL AUTHORITY OF MEDICALLY ASSISTED HUMAN REPRODUCTION
WRITTEN CONSENT FORM FOR SUBMISSION TO MEDICALLY ASSISTED HUMAN
REPRODUCTION METHOD

In.....today.....and.....at Medically Assisted
Reproduction Unit's offices which are located at.....

The bellow 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 consentto undergo Medically Assisted Reproduction and in particular:

- A. Insemination
- B. Classic In Vitro fertilization(IVF)
- C. Intra-cytoplasmic Semen Injection(ICSI)

With:

- A. Our Genetic Metrial
- B. Genetic Material which has come of:
 - i. Semen's donation
 - ii. Oocytes' donation
 - iii. Embryos' donation

Please underline your choices

This form is being redacted into 3 copies (2 of them for each partner and and the other for their medical folder)

The wife / partner

The husband / partner