

**NATIONAL AUTHORITY OF MEDICALLY ASSISTED HUMAN REPRODUCTION**  
**WRITTEN CONSENT FORM FOR TESTICULAR TISSUE BIOPSY EXTRACTION**

The signers:

The husband / partner (.....) Father's name (.....) Identity Card Number (.....)

The wife / partner (.....) 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 we consent to my husband's /partner's testicular tissue biopsy extraction.

The wife / partner

The husband / partner

Date (.....)