FET Agreement In Gestational Surrogacy Procedures

General and Monthly Consent Form

I, ____________________________ (Gestational Surrogate) and ____________________________
(Partner, when applicable)

and

we, ____________________________ & ____________________________ (Commissioning Couple) or
I, ____________________________ (Intended Parent)

agree to have Specialists in Reproductive Medicine & Surgery, P.A., (SRMS) thaw and transfer some or all
of the cryopreserved embryos. We understand that not all of the embryos will survive the freeze/thaw
process. We leave it to the sole discretion of SRMS and the Assisted Reproductive Technologies Team to
determine how many of the embryos will be thawed for this Gestational Surrogacy Frozen Embryo Transfer
Cycle.

Gestational Surrogate Signature ____________________________
Gestational Surrogate Name (print) ____________________________ Date ___/___/___

Surrogate Partner’s Signature ____________________________
(when applicable) Surrogate Partner’s Name (print) ____________________________ Date ___/___/___

Commissioning Parent Signature ____________________________
Commissioning Parent Name (print) ____________________________ Date ___/___/___

Commissioning Parent Signature ____________________________
(when applicable) Commissioning Parent Name (print) ____________________________ Date ___/___/___

IVF Coordinator Signature ____________________________
IVF Coordinator Name (print) ____________________________ Date ___/___/___

Physician Signature ____________________________
Physician Name (print) ____________________________ Date ___/___/___

Updated: 2/7/2010
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