

# Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

*Excellence, Experience & Ethics*



## Monthly Consent for Frozen Donor Embryo Transfer *Assisted Reproductive Technologies*

We \_\_\_\_\_ and \_\_\_\_\_  
agree to have Specialists in Reproductive Medicine & Surgery, P.A. (SRMS) transfer some or all of  
our chosen cryopreserved donated embryos. This consent is to be signed each month a Donated  
Embryo Frozen Embryo Transfer procedure is performed.

We have chosen the following donated embryos to transfer:

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We understand that not all of the embryos will necessarily survive the freeze/thaw process. While  
SRMS certainly values our desires, 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 transfer  
on this cycle.

We understand that a new consent will be requested for each individual frozen embryo transfer cycle  
performed.

_____ Woman's Signature	_____ Woman's Name (print)	____/____/____ Date
_____ Partner's Signature	_____ Partner's Name (print)	____/____/____ Date
_____ Nurse Coordinator Signature	_____ Nurse's Name (print)	____/____/____ Date
_____ Physician's Signature	_____ Physician's Name (print)	____/____/____ Date

Updated: 2/7/2010

C:\docs\forms\Monthly Consent for Frozen Donor Embryo Transfer.doc

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