

Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



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 Surrogate Partner's Name (print) ___/___/___
(when applicable) (when applicable) Date

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

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

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

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

Updated: 2/7/2010

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