

Family Beginnings, P.C.

EMBRYO FREEZING WITH NO FRESH TRANSFER CONSENT FORM

We, _____ and _____ authorize Family Beginnings Laboratory to freeze embryos, either at the cleavage or 2PN stage, obtained from a retrieval with circumstances that would render a fresh transfer sub optimal. The embryos will be frozen so that they can be transferred at a later time when an attempt to achieve pregnancy would have much a better outcome.

Family Beginnings will waive the fee for freezing, \$450.00. We realize that we will be responsible for the fee of the Frozen Embryo Transfer, \$1450.00 prior to the time of the procedure.

RISKS: Embryo thawing does not impose any additional risk to either partner over those associated with standard ART therapy. Potential risks include the possibility that none of the embryos available for thawing will survive, and thus no embryo transfer would be performed. Pregnancy may not occur after transfer of thawed embryos. Currently available data suggests there is no increase in birth defects, chromosomal abnormalities, or other anomalies in children born from thawed embryos relative to the general population, but there may be as yet unforeseen risks that are not understood at present.

We further understand that factors out of the control of Family Beginnings, P.C. and James Donahue, M.D., e.g. loss of power, mechanical failure, human error or other unavoidable circumstances, may result in the inability to thaw as scheduled or even loss of embryos.

We have read this consent form, and understand its contents. We have had the opportunity to ask any questions we have concerning this procedure, and they have been answered to our satisfaction.

Signature patient

Date

Signature partner

Date

Witness (or Notary)

Date