

**FAMILY BEGINNINGS, P.C.**  
**EMBRYO THAWING CONSENT FORM**

We, \_\_\_\_\_ and \_\_\_\_\_ authorize Family Beginnings Laboratory to thaw embryos obtained from a previous assisted reproductive technology cycle so that the embryos can be transferred in an attempt to achieve pregnancy.

**DESCRIPTION OF PROCEDURE:** Embryo thawing involves the removal of embryos from a liquid nitrogen storage tank and thawing them under conditions that are designed to retain viability of the embryos. Thawed embryos are observed for a period of time (from 4 - 48 hours) to ensure that they have survived the thawing procedure, and are then transferred to the female partner in an effort to achieve pregnancy.

**BENEFITS:** Embryo thawing may result in pregnancy. By using thawed embryos to achieve pregnancy, you can potentially avoid having another complete ART cycle including the stimulation, monitoring, and associated procedures.

**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. We understand that results from our procedure may be reported to governmental agencies and/or used in scientific publications, and that our identities will be kept confidential. By signing this document we consent having embryo thawing performed. Both signatures are required for embryos to be thawed.

We have \_\_\_\_\_ embryos frozen at the \_\_\_\_\_ stage.

We wish to have enough embryos thawed to transfer \_\_\_\_\_ embryos.

We wish to have only \_\_\_\_\_ embryos thawed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (or Notary)

\_\_\_\_\_  
Date