

FORM 10

[See rule 13 (f) (v)]

Consent for Freezing of Gametes/Sperm/Oocytes

I/We, Husband..... and Wife....., consent to freezing of the my
...sperm/oocyte..... (sperm/oocyte). We understand that the gametes would be normally kept frozen
for ten years. In the exceptional circumstances If I/we wish to extend this period, we would let the
ART clinic (Name&address).....(Name and address) know at least six months ahead of time. If you
do not hear from us before that time, you will be free to (a) use them for research purposes; or (b)
discard and destroy them off. We also understand that sometimes the quality of these
...sperm/oocyte..... sperm/occytes may decrease on subsequent thaw and that frozen gametes
may have a lower pregnancy rate than when fresh gametes are transferred.

*Husband / Man

In the unforeseen event of my death, I would like the gametes

To perish

☐

To be handed over to my wife/(specify name and details)

☐

Used for research purposes

☐

Signed: Husband Sign

Dated: 10/08/2004

*Wife / Woman

In the unforeseen event of my death, I would like the gametes

To perish

☐

To be handed over to my husband/(specify name and details)

☐

Used for research purposes

☐

Signed: Wife Sign

Dated: 10/08/2004

Name, Address and Signature of the couple/woman/man