

FORM 9

[See rule 13 (f) (iv)]

Consent for Freezing of Embryos

I/We, and
....., consent to freezing of the embryos that have
resulted out of ART with sperm of & oocyte of I/We understand that the
embryos would be normally kept frozen for..... years. If we wish to extend this period, I/we would
let you (the ART clinic) 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. I/
We also understand that some of the embryos may not survive the subsequent thaw and that frozen
embryo-replaced cycles have a lower pregnancy rate than when fresh embryos are transferred.

***Husband**

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

To perish ☐

Handed over to my wife ☐

Used for research purposes ☐

Signed:

Dated:

***Wife / woman**

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

To perish ☐

To be handed over to my husband /.....(Specify name and details) ☐

Used for research purposes ☐

Signed:

Dated: