

FORM 10

[See rule 13 (f) (v)]

Consent for Freezing of Gametes/Sperm/Oocytes

I/We, and, consent to freezing of the my (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 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/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:

Dated:

*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:

Dated:

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