

FORM 11

(for minors) [See rule 13 (f) (vi)]

Assent for Freezing of Gametes

Sperm/Oocytes

and Parental consent

I consent to freezing of my (sperm/oocyte). I understand that the gametes would be normally kept frozen for ten years. In the exceptional circumstances If I/my parents/legal guardian wish to extend this period, I/ we would let the ART Clinic/Bank (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. I/ We also understand that sometimes the quality of these sperm/oocytes may decrease on subsequent thaw and that frozen gametes may have a lower pregnancy rate than when fresh gametes are used.

*Minor

I authorize my parents / legal guardian to take the decision on my behalf.

Signed:

Dated:

Undertaking by Parents / Legal Guardian

In the unforeseen event of my child's death, I would like the Gametes

To perish

☐

To be handed over to me/ my wife/ legal guardian

☐

Used for research purposes

☐

Signed:

Dated: