

## CHIREC - CHIREC Medically Assisted Reproduction Centre – HBW/DELTA

Authorization for a transfer of frozen embryos	Written by : <i>Déborah Desmet</i>
FE-MEDI-016- GB-version 06	Verified by : <i>Kristel Van den Broeck</i>
Application date : 12/03/2020	Approved by : <i>Romain Imbert</i>

### Agreement for the transfer of frozen embryos

This form was given to the prospective parents on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by Dr. \_\_\_\_\_.

Stamp and signature of the Physician :

This document is hereby entered into by, on the one hand, the Chirec Medically Assisted Reproduction (MAR) Centre, represented by Dr Romain Imbert, administrator of the Bank for Human Body Material, located in:

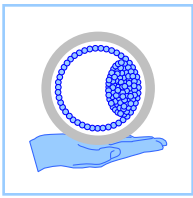
CHIREC - Braine-l'Alleud – Waterloo Hospital :	CHIREC - Delta:
<b>Adress :</b> Rue Wayez, 35 1420 Braine-l'Alleud	<b>Adress :</b> Boulevard du Triomphe, 201 1160 Bruxelles
<b>Phone :</b> + 32 2 434 95 55 (working days)	<b>Phone :</b> + 32 2 434 81 73 (working days)
<b>Fax :</b> + 32 2 434 95 56	<b>Fax :</b> + 32 2 434 81 98
<b>E-mail :</b> <a href="mailto:pma.hbw@chirec.be">pma.hbw@chirec.be</a>	<b>E-mail :</b> <a href="mailto:pma.delta@chirec.be">pma.delta@chirec.be</a>

And on the other hand, the prospective parent(s):

SURNAME – First name:	SURNAME – First name:
Date of birth:	Date of birth:
Adress :	Adress :
Label of Mrs.– To add on the day of PU	Label of partner (if necessary) – To add on the day of PU

E-mail adress(es) : \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_



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Done in : \_\_\_\_\_ on : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
We, Mrs. \_\_\_\_\_, born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
And Mr./Mrs. \_\_\_\_\_, born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

The prospective parents, declare that :

- We have received and understood all the information regarding the transfer of cryopreserved embryos prior to an IVF cycle that led to cryopreservation of these embryos.
- We have been informed of the rates in force at the MAR Centre (see annex).
- We have been informed that the number of transferred embryos is limited in each cycle, in order to avoid risk for multiple pregnancy.
- The MAR Centre gave us the contact details of competent persons to provide psychological support before, during, and after the treatment. Participation in prior consultation was highly recommended..
- We have been informed that, at any time, instructions meant in this agreement may be modified. These changes will require a written document signed by all the parties of this agreement.
- We have informed our doctor of any stay abroad in the last 3 months.

I/We give my/our consent, in an informed manner, knowingly and freely, for the transfer of cryopreserved embryos:

Derived from oocytes retrieval <input type="checkbox"/> Of Mrs. _____ Dated : ____ / ____ / _____ <input type="checkbox"/> Of a donor	Fertilized with the sperm <input type="checkbox"/> Of Mr. _____ <input type="checkbox"/> Of a donor
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Prospective parents agree with all the points mentioned above ;

<b><u>Mrs :</u></b> Date : ____ / ____ / _____ Signature :	<b><u>Mr/Mrs :</u></b> Date : ____ / ____ / _____ Signature :
<b><u>Referred doctor :</u></b> Date : ____ / ____ / _____ Stamp and signature	

*\* In the absence of one of the prospective parents, a **proxy** and a **copy of the ID card** are **required** to be given to the Centre*

**This agreement is made in 3 copies, one for the prospective parent(s), and the two others for the fertilization centre.**

**No embryo transfer will be made if the signed agreement is not in our possession on the day of transfer.** The agreement signed by the two partners – if it is a project for two – or by the applicant, must be handed in no later than the day of transfer to the MAR centre.