



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

<b>Authorization for a transfer of frozen embryos</b>	<i>Written by : Kristel Van den Broeck</i>
FE-MEDI-016- GB-version 08	<i>Verified by : Célia André</i>
Application date : 21/05/2024	<i>Approved by : 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) Center, 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 (-1, building F) 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@chirec.be">pma@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 : _____ _____

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 Center (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 Center 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.

Any abandonment of treatment for personal, non-medical reasons, after receipt of medications covered by the PMA 1/2 or PMA 3 package, will result in reimbursement by the couple of the entire cost of medications dispensed by the hospital.

I undertake / We undertake to notify the MAR Center without delay of any change in family situation or domicile. The MAR center has no obligation to research this information.

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

Derived from oocytes retrieval	Fertilized with the sperm
<input type="checkbox"/> Of Mrs. _____	<input type="checkbox"/> Of Mr. _____
<input type="checkbox"/> Of a donor	<input type="checkbox"/> Of a donor

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 Center

**This agreement is made in 2 copies, one for the prospective parent(s), and the other for the fertilization center.**