Informed consent form

Renewal of previously signed consents

This form was given to the parent(s) on____/____/_____ by Dr_____

Signature:

Author(s) of the parental project:

Patient :	*Partner (if required) :*
SURNAME – First name:	SURNAME – First name:
Date of birth: _____/_____/_____	Date of birth: _____/_____/_____
Address:	Address:
Patient label To be added on the day of the procedure	Partner label (if required) To be added on the day of the procedure

The author(s) of the parental project has/have been informed that the consents used at the CHIREC fertility centre have not been modified since the signature of consents. The author(s) have had the opportunity to consult these documents. The author(s) do not wish to change the information contained in this/these consent(s) and the author(s) agree to the points mentioned therein.

Patient :	***Partner (if required) :***
Date of the act : _____/_____/_____	Date of the act: _____/_____/_____
Signature:	Signature:
Medical Doctor :	
Date: _____/_____/_____ Signature: Stamp:	

Consent in one copy, available to the patient(s) in the medical file.

Vérification de la présence des consentements originaux :

Par : _____ Date : _____/_____/_____

Signature :