

Authorization for oocytes cryopreservation for	Written by : Kristel Van den Broeck
fertility preservation	
FE-MEDI-021-GB-version 09	Verified by : Célia André
Application date: 21/05/2024	Approved by : Romain Imbert

Agreement for cryopreservation of oocytes for fertility preservation		
Informed consent form		
This form was given to the patient on / by Dr		
Stamp and signature of the doctor :		
This document introduces an agreement for the cryopreso	ervation of oocytes, between:	
	on Center (MAR), recognised as Bank for Human Body Materianted by Dr Romain Imbert, administrator of the Bank for HBM	
Braine-l'Alleud – Waterloo Hospital:		
Address: Rue Wayez, 35 (-1, Building F) 1420 Braine-l'Alleud Phone: +32 2 434 95 55 (working days) Fax: +32 2 434 95 56 e-mail: pma.hbw@chirec.be		
An on the other hand, the applicant :		
SURNAME – First name :		
Date of birth :		
Address :		
Label of Mrs. – to add an the day of retrieval		

E-mail address : ______@_



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I, Mrs,	the undersigned,	declare that I	have requested	the CHIREC	Medically A	Assisted
Reproduction (MAR) Center to carry ou	t the cryopreserva	ition of my oo	cytes for fertility p	oreservation		

I confirm that I:

- Have received the detailed information document on IVF techniques
- Have been informed of the costs of care for oocytes cryopreservation and further IVF treatment (annex flyer)
- Have been informed on treatment options in the context of medically assisted reproduction, including adoption, as well as medical and legal limits of care.
- Medical staff has explained the benefits as well as the disadvantages and risks of in vitro fertilization (IVF) treatment, including risks of ovarian hyper-stimulation syndrome, infection or haemorrhage.
- Have accepted that risks and complications that might occur during treatment are not necessarily known and attributable to the doctor.
- Have been informed of the possibility of using psychological support before, during and after the process, and that we have been given contact details of a specialist.
 Participation in prior consultation was highly recommended.
- Have been informed that oocytes that are not suitable for the treatment and intended to be destroyed could be used for training and/or improving IVF lab techniques quality.
- Have informed my referring doctor of any previous care in another center and declare not having cryopreserved embryos in another center.
- Have informed my doctor of any stay abroad in the last 3 months.

During successive consultations with the MAR team I have obtained and understood all the additional information that I required.

I am aware that cryopreservation may result in a loss of oocyte quality that cannot be attributed to CHIREC. Indeed, the resources in terms of fertility conservation depend on the quality and the number of frozen oocytes.

I agree that at the time of thawing, the oocytes state may be different from its initial state.

I commit to undertake all necessary tests to ensure the health and safety of provided oocytes, i.e. serology for HIV, hepatitis B (Ag HbS, Ac HbS, Ac HbC), hepatitis C (Ac Hc) and syphilis dated as of less than 3 months old before the day of retrieval.

I have been informed that:

- o The best chances of pregnancy are natural conception before the age of 35. MAR is less effective from 35 y/o.
- The rate of live birth is about 5 to 6% per verified matured oocytes, but it decreases when the woman is older at the time of freezing, which is why the maximum age for this procedure is 40 y/o.
- Optimum number of collected oocytes for getting pregnant is 20 oocytes but there is still no certainty of pregnancy even when a significant number of oocytes has been cryopreserved.
- The current perspective to estimate the health of children born after this technique is limited. Combined results are comforting (a thousand births) but insufficient to draw definitive conclusions.
- CHIREC Medically Assisted Reproduction Center and its doctors do not take responsibility for the physical and mental characteristics of children born after in vitro fertilization of thawed oocytes.
- Use of stimulation and oocytes retrieval involves some techniques for which there are risks of side effects assessed at 1%. These risks are those inherent to any IVF, including risk of infection, haemorrhage related to oocytes retrieval and those related to ovarian stimulation.
- Costs related to necessary medicine required for ovarian stimulation, oocytes retrieval as well as lab fees were conveyed in advance (see rate sheet).



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- There are as well fees for storage (indexing) of oocytes (see rate sheet). In case I have not conveyed my
 decision to not pursue the transfer within 30 days following the date of billing, I am supposed to continue the
 procedure and pay the bills.
- The request for the use of frozen oocytes for a pregnancy will be revaluated by the MAR team. The center has the ability to invoke a conscience clause on received requests. In case of refusal to comply with the request, the center can give to the applicant the contact details of another medically assisted reproduction center, and will arrange the transfer of oocytes in the necessary conditions for their preservation.

In accordance with Law governing on Medically Assisted Reproduction of 9 March 2007, the period of cryopreservation of gametes with the purpose of a carrying out a parental project or subsequent parental project is 10 years. It begins on the date of cryopreservation.

I wish ¹	
	Not to reduce this period
	To reduce it to a fixed period of years /months starting at the date of cryopreservation.

At any time, I can request to stop the preservation of my oocytes by filling in the document provided for this purpose.

The cryopreservation period of 10 years may be <u>extended</u> several times for a period of 1 year, in <u>special circumstances</u>. This/These request(s) should be the subject of a written and signed document, sent by recorded letter, with a copy of ID. As for any request to assisted procreation, the CHIREC MAR Center reserves the right to invoke a conscience clause concerning received requests.

If the extension is approved, an annual rental charge of €150 indexable will be required from the prospective parents. If the extension is refused, the MAR Center can give the contact details of another center. Prospective parents will have two months to organise, at their own expense, the transfer of their embryos to another center in the necessary conditions for their preservation.

Any request to shorten or extend the preservation must be done by the person requiring cryopreservation only.

If I don't give any news to the MAR center after 10 years, gametes will be allocated where specified here above. I will be informed of destruction by post.

After passing the legal age for embryo transfer, which is fixed in Belgium at 47 years, in case of death, withdrawal of the parental project, or expiry of the cryopreservation period, I want my oocytes to be:

 A. Allocated to an anonymous oocytes donation program. The donation will be at no cost and irrevocable.
This provision does not apply to patients over 35 years at the time of freezing. In case of donation, the MAR
center will give you the specific agreement/informed consent for oocytes donation, a specific questionnaire
and a blood test to undergo. In the case the oocytes could not be used for a donation programme, I have been
informed they will be destroyed by CHIREC in accordance with the current Law

☐ B. Destroyed by CHIREC in accordance with the current Law.

* Scientific research: the law of 6 July 2007 on MAR and destination of supernumerary embryos and gametes provides possibility of donating gametes and/or supernumerary embryos for a scientific research program. I am / We are informed that the CHIREC MAR center does not carry out research on gametes and embryos within the meaning of the law of 11 May 2003 related to in vitro embryo research.

In case of death, frozen oocytes will be allocated where specified here above.

I firmly undertake to assume the costs of hospitalization, medical fees, and lab fees involved with this oocyte cryopreservation procedure, and any additional costs associated with predictable – or not – complications.

¹ Fill only one possibility



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I declare that I have requested the MAR Center of CHIREC, on my own initiative and without coercion, to carry out an oocyte pick-up for a cryopreservation procedure.

I have been informed that instructions of this convention can be changed at any moment. Any change of this agreement must be the subject of a written document signed by all parties of the agreement.

I agree that my medical and administrative data will be made available to the gynaecologists of the CHIREC Medically Assisted Reproduction Center involved in the treatment and authorize data communication to external bodies with the aim of national and international registration and monitoring of the quality of MAR activity. This communication is transmitted in encrypted form so that the identity of the persons concerned is not disclosed to the agency that receives and analyses the data.

If moving house, I am required to send to CHIREC a notice of change of address. The hospital has no research obligation about the home or place of residence of the applicant. Failure to provide a change of address automatically dispenses CHIREC of all obligations under this contract.

If the CHIREC MAR Center should be separated from the gametes bank, I authorize the CHIREC MAR service to transfer frozen vials to another MAR Center at my convenience, in accordance with quality and safety standards.

The undersigned agree with all the points mentioned above;

This agreement is made in 2 copies, one for the applicant, and the other for the MAR Center..

No oocyte cryopreservation will be performed if the signed agreement is not in our possession on the day of oocyte pick-up.