

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

<b>Authorization for the transfer of embryo(s) derived from frozen oocytes</b>	<i>Written by : Romain Imbert</i>
FE-MEDI-041-GB- version 06	<i>Verified by : Célia André</i>
Application date : 21/05/2024	<i>Approved by : Romain Imbert</i>

### Agreement for the transfer of embryo(s) derived from frozen oocytes

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

Stamp and signature of the Physician :

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

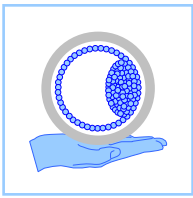
CHIREC - Braine-l'Alleud – Waterloo Hospital :	CHIREC - Delta:
<b>Address :</b> Rue Wayez, 35 (Building F,-1) 1420 Braine-l'Alleud	<b>Address :</b> Boulevard du Triomphe, 201 1160 Bruxelles
<b>Phone :</b> + 32 2 434 95 55 (working days)	<b>Phone :</b> + 32 2 434 81 73 (working days)
<b>Fax :</b> + 32 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 parents:**

<p>SURNAME - First name : _____</p> <p>Date of birth : ____/____/____</p> <p>Adress : _____</p> <p>_____</p>	<p>SURNAME - First name : _____</p> <p>Date of birth : ____/____/____</p> <p>Adress : _____</p> <p>_____</p>
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E-mail adress(es): \_\_\_\_\_ @ \_\_\_\_\_

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



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**This agreement must be signed by both partners – if it is a couple project – or by the applicant and submitted at the latest on the day of egg thawing at the MAR center. The MAR center MUST have this signed agreement in order to be able to thaw the oocytes.**

Done in : _____	on : ____ / ____ / _____
We, Mrs _____,	born ____ / ____ / _____
And Mr. / Mrs _____,	born ____ / ____ / _____

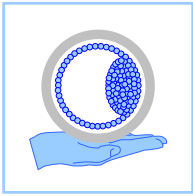
**The prospective parents, declare that :**

- **We have received and understood all the information regarding the transfer of embryos derived from frozen oocytes prior to an IVF cycle that led to the development 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 embryos transferred is limited for each test, in order to limit the risk of multiple pregnancy.
- 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.
- 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.
- Have been informed that gametes (sperm and oocytes) and/or embryos that are not suitable for the treatment and intended to be destroyed could be used for training and/or improving IVF lab techniques quality.
- 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 thawing of Mrs. ....'s frozen oocytes.

I/We declare that I have asked the CHIREC Medically Assisted Reproduction (PMA) center, on my/our own initiative and in the absence of constraint, to carry out in vitro fertilization (IVF) of the oocytes thawed with the sperm of :

<input type="checkbox"/> Mr. .... who undertakes to carry out the necessary examinations to guarantee the health safety of the sperm, that is to say serology for HIV, hepatitis B (HbS Ag, HbS Ac, HbC Ac), I hepatitis C (Ac Hc) and syphilis dating less than 3 months before the first sample and serology less than a year old for subsequent samples and declares consent to the collection and use of his sperm.
<input type="checkbox"/> Of a donor : <ul style="list-style-type: none"> <li>○ Known : Mr : .....</li> <li>○ Anonymous</li> </ul>



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The Federal Agency for Medicines and Health Products (FAMHP) requires MAR centers to use the “Fertidata” application for any use of sperm, oocytes or embryos from a donor. The FAMHP has issued an information document intended for patients requiring this type of treatment. This information document is made available to you on the CHIREC website at the following address:

<https://chirec.be/fr/centers/840000-center-de-procreation-medicalement-assistee-pma/>

### **What happens to fresh and not-transferred embryos :**

I / We want the supernumerary – and consequently not used – embryos to be:

- Cryopreserved, in order to attempt a new embryo transfer to complete the parental project underway or for any subsequent one. We therefore fill in the attached questionnaire for embryos cryopreservation.
- Destroyed.

I / We certify having received and understood sufficient information from the CHIREC Medically Assisted Reproduction Center. We also confirm that we were able to ask any questions and that we have had the time to think in order to sign freely and without coercion the convention.

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

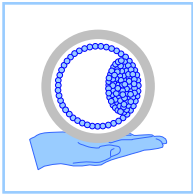
I undertake / We undertake to notify the MAR Center without delay of any change in family situation or domicile. The MAR center has no obligation to research this information.

Prospective parents agree with all the points mentioned above :

<b>Mrs :</b> Date : ____ / ____ / ____ Signature :	<b>Mr/Mrs :</b> Date : ____ / ____ / ____ Signature :
<b>Referred doctor :</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 parents, and the other for the MAR Center.***



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### Form for cryopreservation of supernumerary embryos

I / We, the prospective parents, declare that I / we have been informed of the benefits as well as the risks of cryopreservation technique.

I / We are aware that embryos do not react identically to the freezing process and might be altered by the technique. Moreover, over the years, the deposition can be altered for one reason or another. This is why I / we are aware and I / we agree that the CHIREC MAR Center cannot guarantee, nor be held responsible for the quality of embryos after thawing.

I / We have been advised that the cryopreservation period is legally limited to a 5-year period, beginning on the day of cryopreservation.

I / We wish

- Not to reduce this period
- To reduce it to a fixed period of .....years/months.

This period may be extended in special circumstances. This request must be the subject of a written document, signed and sent by the prospective parents by registered mail. 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.

I / We have been informed that if I / we have not made contact with the CHIREC MAR Center, at the end of the 5-year period, it will consider the choice mentioned in the Form for Cryopreservation of supernumerary embryos.

If, for reasons of force majeure, the Center had to be apart from the embryos bank, I/we authorize the MAR Center to transfer the frozen vials to another bank with which the center has an agreement. In this case, I/we will be informed by the IVF center with a regular mail within six months following the embryos transfer.

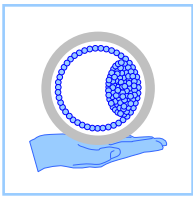
I / We declare that I/we have requested the MAR Center of CHIREC, on my own initiative and without coercion, to carry out cryopreservation of my/our supernumerary embryos.

New oocytes retrieval shall not be made before having replaced all existing frozen embryos.

I/we are (are) informed that during each implantation of cryopreserved supernumerary embryo(s), the (both) author(s) of the parental project must, prior to any procedure medical, having indicated his/her effective consent to this new implantation by signing document FE-MEDI-016 Thawing of embryos and transfer.

The agreement signed by both partners – if it is a couple project – or by the applicant must therefore be submitted at the latest on the day of transfer to the MAR center. In the absence of one of the authors of the parental project, a power of attorney as well as a copy of the identity card must be given to the MAR center.

If the document is not available, I/we understand that the embryo transfer will be canceled.



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### What happens to cryopreserved supernumerary embryos:

1/ At the expiry of the 5-year period of cryopreservation, I/we want my/our supernumerary embryos to be (select):

**A. Allocated to an anonymous embryo donation program, free of charge and definitive.**

To be accepted into the donation program, patients must be maximum 35 years old (for women) and 45 years old (for men) at the date of embryo freezing. After 5 years, you will be contacted by the MAR center to confirm your choice.

You will be invited to complete a personal and familial anamnesis form, to perform blood test and genetic test and to meet a psychiatrist in CHIREC. Informed consent specific to embryo donation must also be signed.

**I / we undertake to submit to any examination and to provide any necessary medical information** for the implementation of the Act of 06/07/2007 applied under this agreement to enable the Center to ensure respect for the safety of donated embryos.

**Assuming I / we would refuse or stop submitting to any examinations, or if the test results are incompatible with the donation, I / we have been informed my / our supernumerary embryos will be destroyed** by CHIREC, according to the current law

**B. Destroyed** by CHIREC, according to 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.

I am / We are informed that:

- in the event of a separation, divorce, permanent decision-making incapacity of one of the prospective parents, irresolvable differences of opinion,
- exceeding of the legal age (47 years old) by the prospective mother at the date of the embryo transfer,

the MAR Center will take account of the last joint instruction given by the prospective parents.

2 / In case of death of one of the prospective parents, we want the cryopreserved supernumerary embryos to be :

**A. Preserved for a post-mortem implantation.** This implantation can only be performed after a period of 6 months, starting on the day of death of the prospective parent and, at the latest, within 5 years after the death of the parent. If no news from you within 5 years of death, embryos will be destroyed by CHIREC according to the current law.

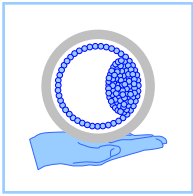
As for any request for assisted reproduction, the Chirec MAR Center reserves the right to invoke a conscience clause concerning received requests. In case of refusal to comply this request, the MAR Center can give the contact details of another center. Prospective parents will therefore have two months to organize, at their own expense, the transfer of embryos to the other center in the necessary conditions for their preservation.

**B. Destroyed** by CHIREC, according to the current law.

I / We agree that the medical and administrative data be made available to the gynecologists of the Chirec MAR Center involved in the treatment and authorize communication of data to external bodies with the aim of national and international registration and monitoring of the quality of the 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.

The Federal Agency for Medicines and Health Products (FAMHP) requires MAR centers to use the "Fertidata" application for any use of sperm, oocytes or embryos from a donor. The FAMHP has issued an information document intended for patients requiring this type of treatment. This information document is made available to you on the CHIREC website at the following address:

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Any abandonment of treatment for personal, non-medical reasons, after receipt of medications covered by the PMA 1/2 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. If due to a lack of updated information, at the end of the stipulated deadlines, the center cannot contact the authors of the parental project and signatories of this agreement, the arrangements made here will be carried out without delay and without further notice.

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	

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