

**CONSENT TO FERTILITY TREATMENT
WITH EGG TRANSPLANTATION**

The undersigned hereby request **Maigaard Fertility Clinic** to attempt fertility treatment of my childlessness by use of ART (Artificial Reproductive Technology). I wish to undergo treatment with artificial reproduction with egg transplantation.

I confirm that I have received thorough verbal and written information about each step of the treatment, including the side effects and risks, which may rarely be associated with the treatment.

If there are surplus fertilized eggs, I want these ...

Destroyed

Frozen

I hereby declare that I want to buy ...

- **1 treatment**

- **an agreement for 3 treatments**

for women up to and incl. 43 years

- **an agreement for 4 treatments**

for women up to and incl. 39 years

This consent is valid as long as the woman is being treated here at the clinic in consecutive treatments. If the treatment involves the use of donor sperm, a statement concerning this must also be signed.

Date

Female signature

Female day of birth