

CONSENT TO FERTILITY TREATMENT WITH EGG TRANSPLANTATION

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

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

We hereby declare that ...

- **We are married**
(copy of marriage certificate)

- **We live in a marital relationship and hereby acknowledge parenthood involving the obligation to provide for the child to its 18th year. The child has the right to bear the parents name and will have the rights to inherit from the parents.**

With our signature we confirm that we are not genetically related (eg. cousins).

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

Destroyed

Frozen

I case of partner's death, we wish ...

Destruction of eggs

- **that the woman may use the fertilized egg/eggs**

Destruction of semen/donor straw(-s)

- **that the woman may use the semen/donor straw(-s)**

We hereby declare that we 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 and her partner are being treated here at the clinic as a couple. If the treatment involves the use of donor sperm, a statement concerning this must also be signed.

Date

Female signature

Female day of birth

Partner's signature

Partner's day of birth