IN VITRO FERTILIZATION OR INTRACYTOPLASMIC SPERM INJECTION (IVF/ICSI), WITH EMBRYO TRANSFER AND CRYOPRESERVATION OF EMBRYOS INFORMED CONSENT FORM

I/WE DECLARE:

1. I am /we are of sound mind and full capacity to act.

2. In this act, I/we freely, willingly and clearly give my/our written consent for the use of assisted reproduction techniques: With the semen of the DONOR

3. Prior to this act I/we have been given verbal and written information; the latter through the "Informative Document on In Vitro Fertilization or Intracytoplasmic Sperm Injection (FIV/ICSI), with Embryo Transfer and Cryopreservation of Embryos", which I/we have read, understood and signed. Consequently, I/we have been given information about the following matters:
   - Information and advice on the biological, legal and ethical aspects of assisted reproduction techniques. If semen from a donor is used, also about its use and in particular, about the legal significance of the husband’s or partner’s signature on this informed consent form to determine the paternal filiation with regard to any children who will be considered to be legally his for all intents and purposes.
   - The indication, procedure, success rate, risks, contraindications and complications of the proposed treatment and the medication used.
   - The availability of the healthcare staff to provide any more information that is required for queries that need to be clarified.
   - The intended use of any possible viable pre-embryos that are cryopreserved and stored in the bank at the centre because they have not been transferred to the uterus in the treatment cycle.
   - The possible risks associated with maternity at a clinically inappropriate age, both for the woman during the treatment administered to conceive, during the pregnancy and also for her children.
   - The genetic risks, seeing as the use of the gametes from the donor is no guarantee that there won’t be genetic mutations or alterations (de novo mutations or hereditary) that lead to inherited genetic disorders.
   - The obligation to periodically renew or change my/our informed consent given for the cryopreserved pre-embryos, and tell the centre about any type of change in address or personal circumstances that could affect the intended use of these (separation, death or unexpected disability of the husband or wife, etc.).
   - Information about how much the treatment costs and the economic terms and conditions.

4. That, according to the medical staff, the following assisted reproductive treatment is suitable for my/our reproductive project: tratamiento and among the alternative treatments shown, I/we have understood that the most suitable technique in my/our case is the one that I/we give my/our consent to here.

5. Know that I/we can ask to stop the administration of the assisted reproduction techniques at any given time before the embryo transfer and that this request must be respected.

6. The medical team has also informed me/us about the following risks related to my/our personal circumstances: riesgos. Moreover, I/we have been informed that the directions for use of the medication prescribed should be read so that I am/we are aware of the possible risks associated with the treatment, regardless of the fact that I am/we are also entitled to ask for any additional explanations from the medical team that are considered necessary.

7. I/we authorise and I/we give my/our consent to have a maximum of 3 pre-embryos transferred.

8. As for possibility of producing pre-embryos that are not going to be transferred to the uterus in the same cycle and according to our future reproductive project: I/we do NOT want to produce PRE-EMBRYOS that are not going to be transferred, which is why I/we authorize the insemination/microinjection of a maximum of 2 oocytes. The rest of the oocytes will be vitrified.

9. That I/we want any surplus oocytes and/or pre-embryos to be used for Personal use

   I/we agree to come to the clinic to either renew or change the use of the cryopreserved material (oocytes, sperm or pre-embryos), and in any case, pay for the cryopreservation for as long as it is stored at the centre.

10. I/we have understood all the information provided by the Doctor, which I/we consider to be suitable and sufficient.

11. In turn during the medical consultation it has been confirmed that I/we:
Do not have any congenital or hereditary disorders or infectious and transmissible diseases that could put any possible children at risk.

- Have not omitted or falsified any type of medical or legal information that could affect the treatment or the outcome of it.
- I/we promise to notify the centre if there are any changes in my/our personal circumstances (death, separation, divorce...).
- I/we promise to notify the centre about any changes made to my/our address if there are cryopreserved pre-embryos.

And having been duly informed, I/WE AUTHORIZE

The use of the control and treatment procedures needed for the In Vitro Fertilization treatment (IVF) / Intracytoplasmic Sperm Injection (ICSI), transfer of pre-embryos and embryo cryopreservation where appropriate.

The content of this document is based on what is currently known in the field, and therefore, it is subject to change if there are new findings or scientific progress that recommend it. According to the provisions established in the Organic Law 15/1999, on the protection of personal data, your personal and health data shall be recorded in a file that is owned by the centre _Unidad de Reproducción Clínica Vistahermosa_, and it can be used and forwarded on only and exclusively for the purposes of the treatment requested, whereby the holder of this data is entitled to exercise their rights to access, rectify, oppose and cancel the processing of this data. All the data that is obtained from the procedure shall be recorded in the corresponding medical record, which shall be kept at the centre to make sure that it is stored and recovered properly.

NB: The clinic shall do everything possible to store the cells/tissues in the optimum conditions, although it cannot be held responsible if these are damaged due to natural disasters or other emergencies that cannot be controlled by the clinic. The interested party must be aware of the fact that their pre-embryos might be transferred to an alternative location in the event of an emergency (floods, riots, fire, violent situations –arms-, terrorist or gas threats/attacks, or other explosions, earthquakes, closure of the Clinic, etc.).

Signature: nombre apellidos