

Consent to let thaw Fertilised Eggs (Zygotes)

Between

1. Mrs.....

Mr.....

(referred to below as « the couple »)

and

2. the authorised representative

FERTILITAS IVF-ICSI AG
Dr. med. Nenad Pavić-Bosshard
Kirschgartenstrasse 7
4051 Basel

The above mentioned couple authorises Dr. med. N. Pavić-Bosshard to thaw
(number) fertilised eggs.

Should one or several of the thawed zygotes not survive, we would like other zygotes to be
thawed (if available)?

yes

no

Scheduled transfer date:

Place/Date:

Mrs:

Mr:

(legally only valid with dual signature)

