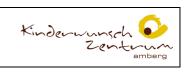
7. Dokumentenverzeichnis
Datei: D:\Einverständniserklärung IVF ICSI Englisch Kryo Version 5.doc



Declaration of consent

Patient (Last Name, First Name, date of birth)		Patient (Last Name, First Name, date of birth)			
Embryotransfer	We hereby give our consent for the transfer of the embryonic cells. We have been informed and acknowledge the frequencies and risks of multiple birth pregnancies.				
	Please fill in the desired numb	er of embryonic cells you	would like to have transferred.		
Cryopreservation Yes No		es at the pronuclear stag	s of the Cryopreservation for the le. If possible the surplus of oocytes a	at the	
Yes No Yes No			servation of excess embryos with a go we wish to freeeze those embryos	od	
Thawing of Cryo sperm Yes No	current cycle. We have been in	nformed and accept that t	n cells fort he artificial fertilization(s) in the consent of both partners is neede s before the thawing of the frozen spe	d. This	
Thawing of Cryo oocytes Yes No		ot that the consent of both	es for the transfer in the current cycle h partners is needed. This consent m ng of the frozen oocytes.		
Embryoscope® Yes No	We have been informed and a	ccept the additional charg	division with the help on a Embryosc ges for the Embryoscope®. We unde atients and is not covered by health		
Assisted Hatching Yes No	of protein (zona pellucida). We	e have been informed and and that the procedure m	ication on the embryonic membrane I d accept the additional charges for the nust be paid for at the cost of the patie	е	
Embryo Glue Yes No		e ability of the embryo to	cid, which is added to the nutrient med connect to the womb wall is suppose at of the embryo.		
partners and given to t this consent in advance We acknowledge and ag acknowledge and agree	he office before the thawing. If e to: anmeldung@dr-krieg.de rree to the anonymous/pseudony	f not, the transfer can not mous statistical evaluation oregnancy, birth, and med	ells, we need this consent signed be on the done for legal reason. Please on of the treatments and procedures. dical conditions of our child, the medic current attending doctor(s).	e send We	
Date	Patie	ntin	Patient		
Please write your o	current telephone/mobile	number down, so v	we can keep ich touch with y	ou:	
	ntin: nt:				
MVZ Gynäkologisches Ze Hauptsitz: Emailfabrikstr.	ntrum Amberg-Sulzbach GmbH, (HRB 57 15, 92224 Amberg	15-AG Amberg, GF Dr. med. Jü	rgen Krieg),		

Erstellt von: Lanzendörfer	Freigegeben von: Dr. Krieg	Geändert durch: Schlamberger	Version E
Datum: 09.07.13	Datum: 15.11.22	Datum: 15.11.22	Version 5