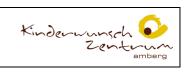
7. Dokumentenverzeichnis
Datei: D:\Einverständniserklärung IVF ICSI Englisch Version 5.doc



Declaration of consent

Patient (Last Name, First Name, date of birth)				Patient (Last Name, First Name, date of birth)	
ICSI		Fertilization (IVF) procedure be possible risks of the IVF procedure	e pe cedu 's ca	erformed. We have been the lire (internal injuries, bleed ausing water/fluid retention	rieg MD/Gynecologist that the In-Vitro proughly informed and are aware of the ing, infections hyper-stimulation of the b. A blood test from two of hepatitis B
1001		to the IVF procedure, be per	rforr ICS	ned. We have been thoro I procedure. A blood test fi	Injection (ICSI) procedure, in addition ughly informed and are aware of the rom two of hepatitis B, hepatitis C and
Embryotransf	fer	We hereby give our consent for acknowledge the frequencies Please fill in the desired numb	and	risks of multiple birth pregn	
Cryopreserva	tion No	We have been informed of the supernumerary fertilized oocyt pronuclear stage should be Cr	es a	at the pronuclear stage. If p	e Cryopreservation for the ossible the surplus of oocytes at the
Yes	No	If during the procedure or after forecast would be making sen			on of excess embryos with a good h to freeeze those embryos.
Thawing of Cr	No	current cycle. We have been in	nfori	med and accept that the co	fort he artificial fertilization(s) in the nsent of both partners is needed. This re the thawing of the frozen sperm
Thawing of C	ryo oocytes No		pt th	at the consent of both partr	the transfer in the current cycle. We ners is needed. This consent must be he frozen oocytes.
Embryoscope Yes	-		cce	pt the additional charges fo	on with the help on a Embryoscope®. r the Embryoscope®. We understand and is not covered by health
Assisted Hate	ching No	of protein (zona pellucida). We	ha tand	ve been informed and acce that the procedure must be	on the embryonic membrane layers pt the additional charges for the e paid for at the cost of the patients
Embryo Glue Yes	No	Embryo Glue contains a subst	anc ne al	e called hyaluronic acid, whoility of the embryo to conne	nich is added to the nutrient medium ect to the womb wall is supposed to be e embryo.
partners a this conse We acknow acknowled	and given to the cont in advance whedge and agge and agree to the control of the	ne office before the thawing. It is to: anmeldung@dr-krieg.de ree to the anonymous/pseudony	f no /mo oregi	t, the transfer can not be us statistical evaluation of t nancy, birth, and medical co	e need this consent signed by both done for legal reason. Please send the treatments and procedures. We conditions of our child, the medical data attending doctor(s).
Date		Patie			Patient
	ogisches Zentrum	Amberg-Sulzbach GmbH, (HRB 5715-A)	G Am	berg, GF Dr. med. Jürgen Krieg),	

	Erstellt von: Lanzendörfer	Freigegeben von: Dr. Krieg	Geändert durch: Schlamberger	Version F
Datum: 09 07 13		Datum: 15 11 22	Datum: 15 11 22	Version 5