

7. Dokumentenverzeichnis

Datei: Q:\Interne Formulare\Kiwu\Mappen IVF_ICSI Englisch\Einverständniserklärung
IVF ICSI Englisch Version 6.docx



Declaration of consent

Patient
(Last Name,
First Name,
date of birth)

Patient
(Last Name,
First Name,
date of birth)

IVF

We hereby give our consent to the office of Kinderwunschzentrum Amberg that the In-Vitro Fertilization (IVF) procedure be performed. We have been thoroughly informed and are aware of the possible risks of the IVF procedure (internal injuries, bleeding, infections hyper-stimulation of the ovaries, hormonal stimulation's causing water/fluid retention). A blood test from two of hepatitis B, hepatitis C and HIV must be made in the period of 2 years.

ICSI

We hereby give our consent that the Intracytoplasmic Sperm Injection (ICSI) procedure, in addition to the IVF procedure, be performed. We have been thoroughly informed and are aware of the possible complications of the ICSI procedure. A blood test from two of hepatitis B, hepatitis C and HIV must be made in the period of 2 years.

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 number of embryonic cells you would like to have transferred.

Cryopreservation

Yes

No

Yes

No

We have been informed of the possibilities and chances of the Cryopreservation for the supernumerary fertilized oocytes at the pronuclear stage. If possible the surplus of oocytes at the pronuclear stage should be Cryopreserved.

If during the procedure or after the transfer the cryopreservation of excess embryos with a good forecast would be making sense or could be possible, we wish to freeze those embryos.

Thawing of Cryo sperm

Yes

No

We consent to the thawing of the Cryopreserved sperm cells for the artificial fertilization(s) in the current cycle. We have been informed and accept that the consent of both partners is needed. This consent must be agreed to and signed by both partners before the thawing of the frozen sperm cells.

Thawing of Cryo oocytes

Yes

No

We consent to the thawing of the Cryopreserved oocytes for the transfer in the current cycle. We have been informed and accept that the consent of both partners is needed. This consent must be agreed to and signed by both partners before the thawing of the frozen oocytes.

Embryoscope®

Yes

No

We consent to the intensified supervision of the oocytes division with the help on a Embryoscope®. We have been informed and accept the additional charges for the Embryoscope®. We understand that the procedure must be paid for at the cost of the patients and is not covered by health insurance.

Assisted Hatching

Yes

No

We consent to the microscopically controlled laser application on the embryonic membrane layers of protein (zona pellucida). We have been informed and accept the additional charges for the assisted hatching. We understand that the procedure must be paid for at the cost of the patients and is not covered by health insurance. If medically necessary.

Embryo Glue

Yes

No

Embryo Glue contains a substance called hyaluronic acid, which is added to the nutrient medium before the embryo transfer. The ability of the embryo to connect to the womb wall is supposed to be raised, however, it has no influence on the development of the embryo.

We are informed, that before we do the follicle puncture or the thawing of cells, we need this consent signed by both partners and given to the office before the thawing. If not, the transfer can not be done for legal reason. Please send this consent in advance to: anmeldung@dr-krieg.de

We have received a copy of this document.

Date

Patient

Patient

MVZ Gynäkologisches Zentrum Amberg-Sulzbach GmbH, (HRB 5715-AG Amberg, GF Dr. med. Jürgen Krieg), Hauptsitz: Emailfabrikstr. 15, 92224 Amberg

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