

Consent to Freezing and Storage of Embryos

Please Used ID Label or Block Print			
Surname		Unit Record No.	
Given Name		Chinese Name	
Sex	Age	Ward	Admitted Date & Time
Attn. Doctor			
Consult. Doctor			

(For married couples' own use)

1. We _____ (husband's name)
 (Surname, Given Names) (H.K. ID No. / Passport No.)

(hereinafter called "the Husband") and

_____ (wife's name)
 (Surname, Given Names) (H.K. ID No. / Passport No.)

(hereinafter called "the Wife"), of _____
 _____ (address),

DO HEREBY AUTHORISE _____
 (name of the reproductive technology centre) (hereinafter called "the Centre") to freeze and store the embryos produced from our gametes, in a manner which accords with the practice and procedure adopted from time to time by the Centre ("the Programme").

- We acknowledge that the nature, procedures and possible complications of the Programme have been clearly explained to us by _____ and we have been given the opportunity to ask any question we wish. We have also been offered a suitable opportunity to take part in counselling with _____ about the implications of the Programme.
- We understand that, where a written notice from us is required under the Programme, the notice is only valid if it bears both our signatures.
- We consent that our embryos will be stored for an initial period of 2 years from the date of freezing of the embryos and that, subject to para. 6 below, the storage period will be extended thereafter 2 years at a time only if we give a written notice of extension. We understand that the said notice of extension must reach the Centre at least 1 month before the expiry of the current period of storage* (please delete this clause if the storage period indicated in para. 6 below is shorter than 2 years).
- We consent that in the absence of a written notice of extension, the Centre may handle our embryos in accordance with our instructions set out in para. 6 below.
- We understand that, subject to the giving of proper notice(s) of extension as mentioned in para. 4 above, our embryos will be frozen and stored for a maximum of _____ years^{#1} from the date of freezing of the embryos and, upon expiry of the maximum storage period specified above, or upon the death of either of us, or in the event of divorce or legal separation, or up on one of us becoming incapable of revoking his or her consent, whichever occurs earlier in time, our stored embryos may be (please tick one) -

[] disposed of in accordance with the "Guidelines on disposal of gametes or embryos" ("the Guidelines") in the Code of Practice published from time to time by the Council on Human Reproductive Technology.

RMC-016-13-991e(R7)

Consent to Freezing and Storage of Embryos

Consent to Freezing and Storage of Embryos

Please Used ID Label or Block Print

Surname		Unit Record No.	
Given Name		Chinese Name	
Sex	Age	Ward	Admitted Date & Time
Attn. Doctor			
Consult. Doctor			

[] donated for the treatment of other infertile couples, in which event our embryos would not be used to produce more than a total of 1/2/3* live birth events (failing which the Centre may dispose of the stored embryos in accordance with the Guidelines).

[] donated for research (failing which the Centre may dispose of the stored embryos in accordance with the Guidelines).

[] donated for quality control and/or training (failing which the Centre may dispose of the stored embryos in accordance with the Guidelines).

7. We understand that our stored embryos will only be used for reproductive technology procedures when we are the parties to a marriage, except in circumstances specified otherwise by the law or by the Code of Practice on Reproductive Technology and Embryo Research. Furthermore, upon the death of either of us, our stored embryos cannot be used by the surviving spouse to bring about any posthumous child(ren).

8. We understand that we can withdraw from and terminate the Programme at any time by giving a written notice to the Centre stating our intention to withdraw and terminate, and indicating to the Centre whether we would like the embryos then stored with the Centre to be -

- (a) transferred to another local licensed reproductive technology centre;
- (b) exported to an overseas centre; or
- (c) handled in accordance with our instructions set out in para. 6 above.

In the event that we withdraw from or terminate the Programme without giving any indication as aforesaid, the Centre will handle the stored embryos in accordance with our instructions as set out in para. 6 above.

9. We understand that we are required to inform the Centre of any change of our address or our marital relationship.

10. We fully understand and accept that -

- (a) the stored embryos may not produce any successful pregnancy;
- (b) the procedures of freezing, thawing and storage of our embryos do not produce a higher incidence of carrying abnormal children as compared with a normal pregnancy.
Any child conceived or born from the use of such embryos may however suffer from defect(s) of health or mental or physical impairment(s) as a result of congenital, hereditary or other reasons;
- (c) the quality of the embryos stored depends to a large extent on their quality prior to freezing;
- (d) the quality of the embryos may deteriorate following the freezing and thawing procedures and may not be found to be suitable for subsequent use; and
- (e) the Centre will not be responsible for damage to or deterioration of the embryos due to whatever cause which is beyond its control or because of unforeseen circumstances.

11. We acknowledge that the Information Sheet at Appendix XI: "Information Sheet on Personal Data Collected in Connection with the Provision of Reproductive Technology/Donation Procedure" of the Code of Practice on Reproductive Technology and Embryo Research has been read by us/explained to us *.

We fully understand the contents of the Information Sheet and we agree that our personal data and information may be used for the purposes as set out in paragraph 1 of the Information Sheet.

Please Used ID Label or Block Print

Surname			Unit Record No.
Given Name			Chinese Name
Sex	Age	Ward	Admitted Date & Time
Attn. Doctor			Consult. Doctor

Consent to Freezing and Storage of Embryos

Date _____
 DD MM YYYY

Signed _____
 (Husband's Signature)

Signed _____
 (Wife's Signature)

Name _____
 (in Block Letters)

Name _____
 (in Block Letters)

 (in Chinese)

 (in Chinese)

Marriage Certificate No. _____

Signed _____
 (Signature of Attending Doctor)

Signed _____
 (Signature of Witness)

Name _____
 (in Block Letters)

Name _____
 (in Block Letters)

Position _____

* Delete whichever is inapplicable.

#1: A maximum period of storage for embryos of up to 10 years may be specified by the patients.

RMC-016-13-991e(R7)

Consent to Freezing and Storage of Embryos