

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	

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 CONSENT AND AUTHORISE \_\_\_\_\_ (name of reproductive technology centre) (hereinafter called "the Centre"), to dispose of the stored embryos produced with our gametes for which a consent form on embryo storage was previously signed by us on \_\_\_\_\_ (dd/mm/yy).

2. We acknowledge that the nature and the implications of the disposal have been 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 disposal.

Note: If no conjoint consent is obtained, the Centre will keep the stored embryos until the maximum storage period expires.

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 \_\_\_\_\_