

**THAWING OF EMBRYOS GENETICALLY DIAGNOSED WITH
ANEUPLOIDY WITHOUT FURTHER USE**

CONSENT FORM

Ms _____, with legal age, with
ID/Passport number _____ marital status _____ and
Mr _____, with legal age, with
ID/Passport number _____ marital status _____,
Living in the city of _____, street _____
_____ number _____ P.C. _____ Country _____,
as (married/unmarried couple/unmarried woman) _____,

DECLARE:

- 1) To be of legal age and to have full capacity to act.
- 2) That prior to this act, I/we have been given verbal and written information, the latter through the "PGT-A Report", which I/we have read and understood. Accordingly, I have/we have received information on the following issues:
 - a. I/we have pre-embryo/s tested by pre-implantation genetic diagnosis for aneuploidy (PGT-A) in which chromosomal aneuploidy was detected.
 - b. Pre-embryos diagnosed with aneuploidy ARE NOT TRANSFERABLE.
 - c. That the art. 3.1 of Law 14/2006, of 26 May, on assisted human reproduction techniques, prohibits carrying out treatments in cases of lack of reasonable chances of success or serious risk to the physical or mental health of the offspring.
 - d. The estimated error of the PGT-A test is around 2%.
- 3) To be aware that, in case of not agreeing with the diagnosis of NOT TRANSFERABLE ANEUPLOID embryo and consequently not willing to discard such embryos, we should request the transfer of the same to another centre to be biopsied again and studied by another different laboratory to contrast the result. In that case, we know that repeating the study procedure put at risk the vitality of the embryo. We also understand the need to assume the cost of the new preimplantation genetic diagnosis for PGT-A aneuploidy.

I/We have understood all the information given in appropriate conditions by Dr.:



4) I/We authorize and consent the THAWING WITHOUT FURTHER USE of pre-embryos with genetic diagnosis of ANEUPLOIDY, NOT TRANSFERABLE.

The content of this document reflects the current state of knowledge and is therefore subject to change in case of new scientific findings or developments.

According to the provisions of the Data Protection Act and EU Regulation 679/2016, your personal and health data will be recorded in a file owned by the centre _____ and may be used and transferred solely and exclusively for the purposes of the action commissioned, enjoying the rights of access, rectification or deletion, limitation of processing, opposition, portability, and to oppose automated individual decisions. All the data derived from the process will be reflected in the corresponding medical history, which will be kept in the facilities of the entity to guarantee its correct conservation and recovery.

NOTE: *The clinic will make every effort to maintain optimal cell/tissue storage, but will not be responsible for loss of viability due to natural disasters or other emergencies beyond the clinic's control. You should be aware that your pre-embryos could be moved to an alternative location in the event of an emergency (floods, riots, fire, violent situations-weapons, terrorist threats/attacks, gas or other explosions, earthquakes, closure of the Clinic, etc.).*

In _____, the _____ of _____, 20

Sgd. _____

(The Director of the CENTRE or delegate)

ID _____

Sgd. _____

ID _____

Sgd. _____

I.D. _____



ATTACHED for the REVOCATION of this consent

Ms _____, of legal age, with
ID/passport number _____ and living in _____
_____ street _____, I hereby freely and
knowingly request the withdrawal of consent for this intervention. I take on the responsibility for the
consequences that could derive.

In _____ the _____ of _____ 20 _____

Sgd. Ms _____

Doctor's signature: _____