




AUTHORISATION FORM FOR THAWING OF FROZEN MATERIAL
(embryos/sperm cells/eggs/ovarian tissue)

Between Leuven university fertility centre,
UZ Leuven,
represented by
prof. dr. Karen Peeraer,

 and Ms
born on/...../.....
Partner
born on/...../.....
resident at

hereinafter 'the LUFC', on the one hand,


hereinafter 'the prospective parent(s)', on the other hand,

the following has been agreed:


In accordance with the Belgian law of 6 July 2007 on medically assisted reproduction and the use of supernumerary embryos and gametes, the LUFC asks the prospective parent(s) to indicate her/their decision below.


Indicate your decision by ticking .

- The prospective parents explicitly demand to thaw frozen embryos/eggs in the context of a thawing cycle in view of embryo transfer.
- The prospective parents explicitly demand to thaw frozen sperm cells in the context of a treatment cycle.
- The prospective parent explicitly demands to thaw frozen ovarian tissue with a view to transplantation (only woman's signature required).

Drawn up in duplicate in Leuven on /...../....., one copy being intended for the LUFC and the other for the prospective parent(s).

prof. dr. Karen Peeraer
Administrator Tissue Bank LUFC

 read and approved
signature Ms

 read and approved
signature Partner

Attention! You can only start a cycle once the LUFC is in possession of this fully completed, dated and signed form.

Please complete and sign this agreement and return it to Leuvens universitair fertiliteitscentrum, 'contractenadministratie', UZ Leuven, Herestraat 49, 3000 Leuven or contractenLUFC@uzleuven.be.