



**PREIMPLANTATION GENETIC TESTING FOR X-RELATED RECESSIVE DISORDERS:
AGREEMENT RELATING TO CARRIER EMBRYOS FOR X-RELATED RECESSIVE
DISORDERS**

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 parents', on the other hand,

the following has been agreed:

- The prospective parents declare they have given their consent to the LUFC to proceed with preimplantation genetic testig for X-related recessive disorders. For this treatment embryos will be created and examined for the specific disorder, i.e.
- The prospective parents know that after genetic analysis, any embryos which are found to be **aberrant** or embryos for which no informative result was obtained will **not** be considered eligible for transfer to the uterus or for freezing.
- The prospective parents hereby declare they agree with the following agreements relating to embryos for transfer to the uterus or for freezing:

Please indicate the desired option(s) for the following stimulation cycle with ICSI/PGT:

- Only the embryos which after genetic analysis are found to be normal (non-carrier) will be considered eligible for transfer to the uterus or for freezing.
- Female carrier embryos will be considered eligible for transfer to the uterus or for freezing.

Drawn up in duplicate in Leuven on/...../....., one copy being intended for the LUFC and the other for the prospective parents.

prof. dr. Christel Meuleman
Administrator Tissue Bank LUFC



read and approved
signature Ms



read and approved
signature Partner

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