By my/our signature(s) below, I/we confirm that**:**

1. I/we have read and understood the information related to Frozen Embryo Transfer presented in this In Vitro Fertilization Consent Booklet and the nature and purpose of the procedure(s) have been explained to me/us. The risks and benefits of the procedure(s) have been explained to me/us. I/we understand that Lucile Salter Packard Children's Hospital at Stanford (Stanford) is not obligated to proceed with transfer of the thawed embryos if, in the reasonable professional judgment of Stanford physicians, the medical risks outweigh the potential benefits. I/we have had the opportunity to ask questions and have received all the information I/we desire about the procedure.

2. I/we direct Stanford to proceed with a frozen embryo thaw cycle and transfer.

3. I/we understand this consent will remain in effect until one of the following events occurs: (i) one (1) calendar year has passed from the date of signature, (ii) death of the patient/patient's partner, (iii) dissolution of the patient's marriage or partnership, (iv) patient's successful pregnancy which results in a live birth, or (v) written notice to Lucile Salter Packard Children's Hospital at Stanford of withdrawal of consent by the patient and/or the patient's partners, if applicable. I/we acknowledge and agree that in the event of the dissolution of the patient's marriage or partnership or a live birth, Stanford will require the patient and the patient's partner, if applicable, to execute a new consent form prior to the performance of any additional transfers.

4. I/we understand that this original consent form will be maintained in my medical record and a copy will be provided to me. I understand that this consent is an important document and should be retained with other vital records.

X _____ _____ _____
Patient Signature | Date | Time

_____ _____
Patient Name | Date of Birth

X _____ _____ _____
Spouse / Partner Signature | Date | Time

_____ _____
Spouse / Partner Name | Date of Birth

Informed Consent Attestation:

I have discussed the procedures described in the Frozen Embryo Transfer portion of this In Vitro Fertilization Consent Booklet, including the risks, benefits, and alternatives with the patient and their partner. I have also explained that with any procedure there is always the possibility of an unexpected complication, and no guarantees or promises can be made concerning the results of any procedure or treatment. All questions were answered and the patient (and their partner, if applicable) consents to the procedures described above.

X _____ _____ _____
Physician Signature | Date | Time

_____
Physician Name

X _____ _____
Translator Signature | Language

_____ _____
Date of Translation | Time