

Reproductive Biology Associates
Agreement for Cryopreservation of Embryos and or Oocytes

I/We have consented to undergo in vitro fertilization (IVF) treatment and have signed the appropriate consent forms consenting to such treatment. As a result of drug stimulation of the ovaries, more than one embryo may be obtained after IVF. Alternatively, if I/We have consented to the use of donated oocytes (eggs) and have signed the appropriate consent forms consenting to such procedure, more than one egg or embryo may be obtained as a result of such procedure. When, as is usually is the case, an IVF treatment or egg donation procedure produces multiple eggs, it may be advantageous to freeze eggs prior to fertilization. Egg freezing allows patients to limit the number of embryos resulting from IVF and helps avoid the disposition problems that present when patients no longer want to use these remaining embryos to initiate pregnancy. When IVF treatment results in healthy eggs we do not want inseminated, I/We consent to cryopreservation (frozen storage) of the extra eggs. The number of eggs to freeze will be determined on an individual basis and will vary by patient and clinical circumstances. Many eggs are not mature and are incapable of fertilization. In some cases mature eggs have other abnormalities visible to the embryology team that make them unsuitable for freezing. In some cases, the medical team will advise me/us to inseminate all of my/ our eggs as a result of low egg number or quality. In these and other possible scenarios I/We understand that I/We may not be able to freeze eggs even though I/We had consented to the procedure. Alternatively, cases may arise where the medical team advises me/us to freeze all of the available eggs. I/We further understand that egg freezing is no guarantee of future success when the eggs are thawed and that it is possible for all my/our frozen eggs to die during the freeze/ thaw process.

Current data suggests that approximately 80% of eggs will survive the freeze/ thaw process. Surviving eggs then exhibit a 60-70% fertilization rate. Pregnancy rates for frozen egg treatment at RBA are currently above 70%, however, these pregnancies occurred in egg recipients. Little or no data on pregnancy outcome using frozen eggs in women over 30 using their own eggs is available. I/ We understand that RBA makes no representation regarding the viability of frozen eggs in women over 30 or in egg freezing in women using their own eggs. As this data becomes available, the RBA medical team will advise me/us of current outcomes.

When IVF treatment or egg donation procedure obtains more than the ideal number of embryos for replacement, I/We consent to cryopreservation (frozen storage) of the extra embryo(s). If the fresh embryos fail to lead to pregnancy, or if they do lead to pregnancy and I/we want to have an additional pregnancy, the frozen embryo(s) may be thawed and replaced in a later cycle. A disadvantage of cryopreservation is that about 30% of embryos do not survive the freeze, storage, or thaw procedure. Additionally, other embryos may be damaged with the loss of one or more cells. Cryopreservation of a single embryo may increase the total chance of birth by approximately 10%.

Procedures to be Followed: I/We understand that the following procedures will be performed to freeze my/our egg(s) or embryo(s). A chemical will be added to the culture medium. The **egg(s)** or **embryo(s)** will then be cooled in a biological cell freezer and stored at -196 Celsius in liquid nitrogen. I/ We understand that after thawing, an egg or embryo may degenerate and no longer be living. These eggs or embryos will be either discarded or possibly used for research, according to our wishes as set forth in this agreement. Other embryos may survive intact or lose some cells, but survive and possibly grow to implant and produce a pregnancy.

