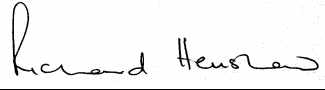


Consent Form R

Authorised: 

FORM R

NUMBER OF EMBRYOS TO BE TRANSFERRED

We acknowledge that we have been given information by our doctor regarding Repromed's policy of transferring a single embryo to women who have a high chance of multiple pregnancy.

We acknowledge that we have been informed, and have read and understood, the following:

1. That multiple pregnancies are more common when two or three embryos are transferred (one third of all pregnancies are twins in this age group).
2. That twins and triplets have much higher complication rates than single babies. These include (but are not limited to) intrauterine growth retardation, low birth weight, premature birth, greater risks of admission to neonatal intensive care nursery, twin to twin transfusion syndrome, cerebral palsy and subsequent disability, or the death of the baby.
3. That women with multiple pregnancies have much higher pregnancy related complication rates than women with single pregnancies. These include (but are not limited to) high blood pressure, pre-eclampsia and eclampsia, diabetes, increased bleeding after delivery (post partum haemorrhage), increased rates of Caesarean Section and longer duration of hospital stay.

We acknowledge and confirm that Repromed has:

- sought to give us all relevant information,
- given us adequate opportunity to question Repromed's staff regarding these matters,
- counselled us to carefully consider our decision on how to proceed in view of the above risks, and
- that we have received Repromed's advice to replace one / two embryos (*delete as appropriate*).

SIGNED:
(female partner)

SIGNED:
(male partner)

.....
(print name)

.....
(print name)

DATE:

DATE:

IN THE PRESENCE OF:.....
(Signature of Medical Practitioner)

IN THE PRESENCE OF:.....
(Signature of Medical Practitioner)

PRINT FULL NAME OF MEDICAL PRACTITIONER:
PRACTITIONER:

PRINT FULL NAME OF MEDICAL

.....

.....

DATE:

DATE: