



Permission to thaw frozen embryo(s)

*This document must be signed before treatment with thawed (frozen) embryos/blastocysts.
The consent is valid for two years unless it retracted before this period.*

The undersigned, whom as part of in vitro fertilisation treatment have had embryos (fertilized eggs) frozen, hereby consent to those embryos being thawed for the purpose of transfer to the uterus.

Trianglen will normally thaw one embryo at a time. If the first embryo does not survive the thawing the Clinic may thaw more embryos.

To be filled out and signed by the couple/the woman

*If the frozen embryos have been created by fertilisation with semen from the male husband/partner both parties **must** sign below.*

This consent is **valid for 2 (two) years** from the day it is signed unless it is withdrawn in writing by one of the parties.

Date (ddmmyy)

Name of the woman

Name of the male partner
(if male partner)

The woman's "CPR"-number
(or date of birth (ddmmyy) if no CPR)

The man's "CPR"-number
(or date of birth (ddmmyy) if no CPR)

The woman's signature

The man's signature