WAKE FOREST UNIVERSITY HEALTH SCIENCES
CENTER FOR REPRODUCTIVE MEDICINE

CONSENT TO TRANSFER OF CYROPRESERVED EMBRYOS

I (female patient, hereafter referred to as patient) ____________________, and 
(male patient, hereafter, referred to as partner)___________________, participants 
at the Wake Forest University Health Sciences Center for Reproductive Medicine 
(“Center”) hereby consent as follows:

1. We have decided to proceed with transfer of our frozen embryos. Accordingly, we 
consent to the receipt of thawed cryopreserved embryos for the purpose of transfer into the patient 
to attempt to achieve pregnancy.

2. We understand that there are three major steps in this process:

(i) Hormone replacement therapy of Wife, to prepare the lining of the uterus for 
implantation.

(ii) Thawing of cryopreserved embryos.

(iii) Transfer of embryos to Wife's uterine cavity.

3. We understand that there are risks involved in all these procedures. The hormone 
replacement therapy (consisting of estrogen and progesterone) Wife will undergo may cause 
headaches, irritability, nausea, and mood swings. In high doses, estrogen has been associated with 
high blood pressure and blood clotting leading to stroke and heart attack.

The risks associated with thawing cryopreserved pre-embryos and transfer of pre-
embryos to Wife's uterine cavity have been discussed with us in connection with our consent to 
participate in the in vitro fertilization program.

4. We understand that we will be responsible for the costs of thawing the pre-
embryos, preparing the Wife for the transfer, and for transferring them into Wife's uterine cavity. 
We acknowledge that our insurance may not reimburse us for this procedure.

8. We acknowledge that any questions we had about the Program or receiving frozen 
pre-embryos have been answered to our satisfaction by the Program's staff.

9. An executed copy of this form has been provided to us for our records.

_________________________    _______________________
Husband                               Wife

_________________________    _______________________
Witness                               Date