

**INFORMED CONSENT FORM FOR MARRIED COUPLES THAT UNDERGO  
ASSISTED REPRODUCTION TREATMENT WITH DONOR EGGS  
(Anonymous donation)  
OVUM FERTILITY CONSULTANTS GROUP**

The underneath applicants:

The Husband: ..... Father's Name: .....  
Passport Number: ..... Date of Birth: .....

The Wife: ..... Father's Name: .....  
Passport Number: ..... Date of Birth: .....

Citizens of ....., married since ..... as shown by the attached  
marriage certificate, we declare the following:

1. We consent to submit the wife to assisted reproduction treatment with embryos derived from **anonymous donation**, after agreement between us and our attendant Clinician of the OVUM Fertility Consultants Group.
2. We give our consent to the following medical procedures:
  - Taking medication to prepare the endometrium (womb lining)
  - Blood test for analysis and Ultrasound scans during the treatment
  - Placement of embryos derived using donor eggs from another anonymous woman (donor) fertilized with sperm of the husband, into the wife's uterine cavity.
3. OVUM Consultants has fully and in detail informed us about all the medical procedures that will take place: taking blood, medications, ultrasound scans, in vitro fertilisation, and embryo transfer.
4. The eggs are donated by a woman (donor) that has given detailed medical history to the clinic, for all genetic and other diseases that she has knowledge of concerning herself and her family, whether living or dead. She has no history of Syphilis, HIV-1, HIV-2, AIDS, gonorrhoea, herpes, or other sexually transmitted diseases. She has never used intravenous drugs except during medical treatment. She has already taken medical tests to prove her negative for Hepatitis B, C, HIV types I and II, Syphilis as well as blood tests to exclude thalassaemia, sickle cell disease and cystic fibrosis. Tests are repeated on a 6 monthly basis.

5. The sperm will be produced by masturbation on the same day as egg retrieval, so the husband is asked to abstain from sexual activity for 2-4 days prior to egg collection. In case the sperm is not produced within the IVF UNIT, we will deliver the sperm (responsible person) in the UNIT from which time it will be the Unit's responsibility. The IVF UNIT has no way to know the origin of sperm, which is why we take full responsibility that the sperm comes from the husband. We fully agree that the sperm will be analyzed in any way medically required.
6. We understand that there is no way that the paternity of any resulting child can be questioned by any donor as mentioned in Paragraph 1b, if the husband has already agreed to submit his wife to IVF treatment (articles 1456 paragraph 1 and article 1471 paragraph 2, passage 2.) We understand that the agreement may be rescinded at any point before the embryos are transferred to the wife's endometrium. In respect of article 1457 concerning after death fertilization, the agreement is rescinded if anyone involved in the agreement were to die before the placement of the embryos (article 1456, paragraph 2). In case of a divorce, the agreement must be rescinded in the same way.
7. It has been made clear to us that any child resulting from assisted conception treatment will have.....as their legal and birth mother and their legal father will be..... Once the husband has agreed to this treatment there is no way that his paternity will be questioned (paragraph 2, article 1471 and 1479).
8. We have been informed about the possibility of miscarriage and the possibility that a child may be born with birth defects after using assisted conception treatment. This risk is statistically similar to that in the general population.
9. The clinic has informed us that this IVF treatment cycle may not be successful despite using today's standard level of knowledge and methods, however we have been reassured that they will make any effort, according to the limits of science involved. We understand that it is possible that some or none of the eggs will be fertilized.
10. We understand that as a result of our treatment more embryos than we need to transfer in this treatment cycle may become available. Our options for any resulting spare embryos are:
  - a. To freeze them for our future use

- b. To donate them altruistically to other persons that the Doctor of the Unit may choose. Neither we nor the recipient will be aware of the identity of the other party and both parties will remain anonymous (article 1460)
- c. To offer them to be used for medical research or therapy purposes
- d. To destroy them

11. If in the above paragraph, section a, we have already consented to the clinic freezing spare embryos, we understand that we have given permission to OVUM Consultants to freeze and preserve one or more embryos that may result from successfully fertilized eggs given by a donor using the husband's sperm, and that may be in excess of the number of embryos used for transfer during this cycle, or may have to be frozen for other medical reasons (such as poor endometrium or illness of the recipient) at the embryologist's discretion.

We understand that:

- During cryopreservation and handling of the embryos the quality may be damaged therefore there is no guarantee that they will be suitable for transfer or embryos may not survive following the thawing procedure.
- We will inform OVUM Consultants about our decision on what to do with the embryos. In case we fail to inform them, the IVF Unit retains the right to destroy the embryos after 3 months without our direction.
- No embryo will be removed from the Unit without the signed agreement of both husband and wife, or one of us in case of death of one or another.
- There is a theoretical possibility of infection of the embryos in storage by microorganisms but this risk is negligible.

In case we no longer need the embryos for ourselves we would like to:

- e. To offer the embryos altruistically to other persons that the Doctor may choose. Neither we nor the recipient will be aware of the identity of the other party and both parties will remain anonymous (article 1460)
  - a. Give the embryos for medical research or therapy purposes.
  - b. Have the embryos destroyed.

With this statement we agree that we fully understand the procedure by which some of the embryos may not be used by us for our treatment for the following reasons:

- a. Because pregnancy has already been achieved and we no longer wish to submit ourselves to another treatment in the future.
- b. Because we have decided to give up our treatment.
- c. Because our family situation has changed due to death or divorce. We realize that in the case of one or both of us dying (article 1457) the consent to use any embryos is rescinded.

12. We declare that we have fully understood the information given by OVUM Consultants and Embryologists regarding the medical procedures (IVF treatment, embryo transfer, ICSI and assisted hatching), their duration and the possible complications and risks for the mother and the baby. We fully understand all explanations given and we have received answers to all our questions. Should other questions arise we have the right to ask OVUM Consultants.
13. We fully understand that we may choose to discontinue treatment at any time, and this will not affect our future treatment at the IVF UNIT. It is our responsibility to cover any costs incurred to that moment.
14. We declare that we have studied this document and there has been a fully detailed explanation by OVUM Consultants and Embryologists. We fully understand the terms and the consequences that result from this treatment. Our questions have been answered and we are signing this document in full knowledge of the details.
15. We are protected by the circumstances stated in Article 1455, paragraph 1, Act 3089 2002 passed by the Greek Parliament, as explained in the attached medical referral letter (i.e. incapable of having a child by natural conception due to idiopathic sterility or risk of transmitting to the child serious disease or risk of giving birth to a child with serious sex-linked disease). In each of these cases, the arrangements are applied to the Greek Civil Law, as modified by Act 3089 of 2003, or as modified in the future. A new law may legislate to change these arrangements.
16. This document is reproduced in three copies where each copy has the same validity. These have been given, assured and signed in the presence of the Clinician responsible for OVUM Fertility Consultants Group.

Signature .....

Full name .....

Date .....

Signature .....

Full name .....

Date .....

Signature of OVUM Clinician responsible.....

Full name .....

Date .....