



**ADDENDUM TO INFORMED CONSENT AND AUTHORIZATION FOR  
IN VITRO FERTILIZATION OF PREVIOUSLY CRYOPRESERVED OOCYTES**

(1) Number of surviving oocytes to be ICSI'd (N3):

- All surviving oocytes, therefore thaw all available oocytes (N6) (possibly sign consent ED-1569<sup>1</sup>).
- \_\_\_\_\_ surviving oocytes:
  - Thaw only the number of oocytes necessary to achieve that goal (possibly sign consent ED-1569<sup>1</sup>; go to (2)).
  - Thaw ALL oocytes and dispose of excess surviving oocytes (sign consent ED-1555<sup>2</sup> and possibly ED-1569<sup>1</sup>, no further action).

Patient's initials \_\_\_\_\_ Partner's initials \_\_\_\_\_

(2) Do you accept the possibility of discarding (oocyte re-freezing is an option) 1 viable oocyte following the thaw process?

- No (go to (3)).
- Yes, then:
  - Dispose of the remaining oocytes consistent with professional ethical standards and applicable laws (no further action).
  - Donate the remaining oocytes to be used for scientific examination, education, or research conducted in a manner consistent with professional ethical standards and applicable laws (no further action).

Patient's initials \_\_\_\_\_ Partner's initials \_\_\_\_\_

(3) If you answered 'No' AND in spite of RMIA's best efforts, we're down to N3-1 with only straws of 2 oocytes remaining to thaw:

- We wish to stop at N3-1.
- We wish to re-freeze the excess surviving oocyte (if applicable).

Patient's initials \_\_\_\_\_ Partner's initials \_\_\_\_\_

<sup>1</sup> ED-1569: Disposition of...

<sup>2</sup> ED-1555: Limited Fertilization Consent following Previous Oocyte Cryopreservation

Having been fully informed, we freely and voluntarily sign below:

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Printed Name

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Partner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

