

## Request and Consent to Embryo Thawing and Transfer

MRN:  
NAME:  
BIRTHDATE:  
CSN:

### INTRODUCTION

Thawing of frozen zygotes and embryos is the reverse process of cryopreservation. The cryoprotectants are carefully removed from the embryos. The success of the freezing and thawing procedures depends on multiple factors including the quality of the fertilized oocytes and embryos.

### BENEFITS

Replacement of cryopreserved embryos into the woman can result in pregnancy.

### RISKS

There is a possibility that all to none of the zygotes or embryos cryopreserved will survive the procedures, nor is there any assurance that the embryos will implant, and a pregnancy ensue. Surviving cryopreserved embryos appear to divide as well as fresh embryos. There has been a proposed increased risk of infants having developmental defects after cryopreservation and thawing although, the human experience has not proven any increase in such defects.

As part of the standard thawing process, the embryos will also undergo laser assisted hatching. This procedure involves making a small hole in the outer shell of the embryo, which is thought to help embryo escape to implant in the uterus and has been shown to increase clinical pregnancy rates following thawing. Minimal risk exists with laser assisted hatching but does include a small chance of damage to cells in the embryo. There may also be a slight chance of increase monozygotic twins. It is thought the potential benefit of this procedure outweighs the minimal risk.

Risks associated with the transfer/replacement of thawed embryos are similar to those with fresh embryos.

### CONSENT

Your willingness to participate in having your embryos thawed will not affect your participation or care in the Assisted Reproductive Program at the University of Michigan Hospitals. You are free to withdraw from the thaw consent without prejudice dependent upon the contract for disposition of the frozen embryos having been arranged.

This acknowledges that we have read this consent form and discussed the Thawing procedure with members of the Assisted Reproductive Technologies team and hereby give our consent to proceed with the thawing of frozen zygotes or embryos.

\_\_\_\_\_  
Printed Woman's name                      Signature                      Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed Partner's name                      Signature                      Date (mm/dd/yyyy)

\_\_\_\_\_  
Witness signature                      Date (mm/dd/yyyy)