

**Complementary informed consent to cryopreserved embryos treatment
- request for an extension of the storage period**

Name and surname:

Date of birth/national identity number (if assigned):

Patient identification number (if assigned):

štítek/label

ID document number:

Name and surname of patient partner/husband:

Date of birth/national identity number (if assigned):

Patient identification number (if assigned):

ID document number:

Patient and her partner/husband (infertile couple) have stored cryopreserved embryos at the medical facility. These were cryopreserved for their benefit, but were than not used for the purpose of IVF. As the time period agreed for their storage will expire/has expired by (date), the patient and her partner/husband request at the medical facility prolonging of storage of the cryopreserved embryos for another year period (starting with the above mentioned date). The patient and her partner/husband pledge to pay ISCARE medical facility the cryopreserved **embryos storage fee** according to the current pricelist the patient has been thoroughly acquainted with. The purpose of the cryopreserved embryo storage is their use for IVF treatment of the infertile couple. In case the patient and her partner/husband don't request further prolonging of the cryopreserved embryos storage before the storage period is over, the patient and her partner/husband ask ISCARE medical facility to dispose of these embryos after the time period expiration.

This document is valid only if both patient and her partner/husband are identified with an identification document before signing this document in ISCARE a.s. or with the signatures approved by a legal authority.

Patient signature:

Patient partner / husband signature:

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In _____ date:

In _____ date:

Member of the responsible staff, who performed the patient identification before signing this document in ISCARE a.s. (first name, last name and signature):

Member of the responsible staff, who performed the patient partner/husband identification before signing this document in ISCARE a.s. (first name, last name and signature):

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