



Mount Sinai Fertility
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CONSENT TO OWN USE OF EGGS OR SPERM FOR IN VITRO FERTILIZATION (IVF) AND USE OF IN VITRO EMBRYO(S)

Form # MSF - 104 (Oct 2016)

I/We, the undersigned, have been provided with the document "Information on Consent to Use of Your Eggs or Sperm for *In Vitro* Fertilization (IVF) and Consent to Use of *In Vitro* Embryos" prior to giving my/our consent for the uses listed below. This document provided me/us with the information I/we needed to know on 'consent to use' as required by the Assisted Human Reproduction (Section 8) Regulations. The document also informed me/us on what I/we need to do if I/we wish to withdraw my/our consent for each use.

EACH PERSON (IF APPLICABLE) MUST INITIAL FOR EACH QUESTION.	YES		NO	
	PATIENT 1	PATIENT 2	PATIENT 1	PATIENT 2
1) I consent to the use of my reproductive material to create an <i>in vitro</i> embryo for my own reproductive use.				
2) If any <i>in vitro</i> embryos are created from my reproductive material, I further consent to the use of such <i>in vitro</i> embryo(s) for my own reproductive use.				
3) If there are any excess <i>in vitro</i> embryo(s) created that are no longer required for my/our own reproductive use, I consent to the use of such excess <i>in vitro</i> embryos to provide instruction in and improve assisted reproduction procedures.				
4) If there are any excess <i>in vitro</i> embryo(s) created that are no longer required for my/own reproductive use, I consent to the use of such excess <i>in vitro</i> embryos for a specific research project, the goal of which would be outlined in a separate research project consent.				
5) If I choose to discontinue storage of my excess embryos, I am aware that I must sign a consent indicating their disposition at that time.				
6) If I die, and there are <i>in vitro</i> embryo(s) created for the reproductive use of the individual who is my spouse or partner at the time of my death, I consent to the use of the embryo(s) for their reproductive use.				
7) If I die and there are excess <i>in vitro</i> embryo(s) in excess of the needs of my spouse or partner, I consent to the use of the embryo(s) for research, to provide instruction in and improve assisted reproduction procedures.				

Date Signed (YYYY-MM-DD): _____

Date Signed (YYYY-MM-DD): _____

Patient 1 Signature

Patient 2 Signature

Patient 1 Printed Name

Patient 2 Printed Name

Witness Signature

Witness Signature

Witness Printed Name

Witness Printed Name