

## טופס הסכמה להקפאת ביציות

# CONSENT FORM: EGG FREEZING In Accordance With The Public Health Regulations (In-Vitro Fertilization) 5747-1987

מדבקה גדולה

### Introduction

It is today possible to retrieve eggs from a woman's ovaries and to freeze them prior to their being fertilized by sperm cells. Following the use of this technology, several hundred children have been born. However, it is still not certain that every freezing procedure will succeed, and that in every case viable eggs, that can undergo a fertilization procedure, will be obtained after thawing. It is known that the success rate, i.e. the rate of pregnancies after freezing and thawing of the eggs, is still lower than the accepted success rate for in-vitro fertilization with "fresh" eggs or frozen fertilized eggs.

The scope of the information regarding the health of the children who were born following the use of this technique is still small, due to the fact that not enough time has elapsed since these children were born.

It is proper to note that the survivability of the frozen eggs over the period that they are frozen is not known. There are hints that prolonged freezing (over three years) could impair the quality of the frozen egg. Rarely, there could be a technical failure in the freezing procedure.

In this document, you are indicating you consent for the **freezing** of eggs only. If and when it is decided to **utilize** these eggs, the various possibilities will again be explained to you, in accordance with the up-to-date information at that time, and you will be asked to give your consent to the thawing and utilization of the eggs in a separate document.

Signing this document does not absolve you from having to sign informed consent for the egg retrieval procedure itself.

### Details of the Patient and her Consent:

Date / תאריך: \_\_\_\_\_

ID No. / מספר ת.ז.: \_\_\_\_\_

Name / שם: \_\_\_\_\_ Year of Birth / שנת לידה: \_\_\_\_\_

Address / כתובת: \_\_\_\_\_ Telephone Number / טלפון: \_\_\_\_\_

Reason for freezing / סיבה להקפאה:

(1) Medical – Reason / סיבה – רפואי: \_\_\_\_\_

(2) Social – Reason / סיבה – חברתי: \_\_\_\_\_

Type of Treatment / סוג טיפול: \_\_\_\_\_

Diagnoses and Background Diseases / אבחנות ומחלות רקע: \_\_\_\_\_

1. I, the undersigned, request that my eggs be frozen and stored in the In-Vitro Fertilization Unit.  
After having received an explanation from Dr. (מ"ר) \_\_\_\_\_ and after having read and understood the explanation in this form, I hereby give my consent for the freezing of eggs that will be retrieved or that have been retrieved from my body, by the vitrification method (בשיטה של זיגוג (ויטריפיקציה)), for the purpose of in-vitro fertilization that will be performed in the future at my request.
2. I am aware and it has been explained to me that the eggs will be stored in accordance with the currently existing knowledge and technology and the technology available in the hospital.
3. It has been explained to me and I have understood that there is no certainty that all or some of the eggs will survive the freezing and/or thawing procedure. It has also been explained to me that there is no information regarding the long-term resilience of the eggs, and there may be an impairment to the quality and survivability of the eggs over the years. The possibility of technical failure in storage of the eggs has also been explained to me.
4. It has been explained to me and I understand that the success rate, i.e. The rate of pregnancies after freezing and thawing of the eggs, is lower than the success rates when "fresh" eggs or frozen fertilized eggs are used. It has also been explained to me that even though no increase has thus far been found in the rate of congenital defects in children born from eggs frozen by this method, the scope of the information regarding the health of the children who were born following the use of this technique is still small, due to the small amount of time that has passed since these children were born.
5. It has additionally been made clear to me and I have understood that the freezing of the eggs does not, of itself, constitute a guarantee that I will become pregnant or give birth as a result of the thawing of these eggs.
6. After having had the freezing procedure explained to me, I read and understood the explanation, and in spite of being explicitly aware that the eggs could be destroyed and damaged, I request that my eggs be frozen and stored in the In-Vitro Fertilization Unit at my expense, for so long as not determined otherwise.
7. I undertake to convey my updated address and the telephone number at which I can be contacted to the In-Vitro Fertilization Unit in which the eggs retrieved from my body were frozen. I also undertake to notify any change in my address and my contact details. I am aware that any notification from the In-Vitro Fertilization Unit will be sent to the address and the contact details that I have provided.
8. I absolve the State, the Ministry of Health, the Medical Center, the In-Vitro Fertilization Unit, the management, the staff or any other body on its behalf, of all responsibility for all direct or indirect damage that will be caused to the eggs due to destruction of the eggs or the inability to use them to become pregnant or any other result caused in respect of the offspring, if any will be born, in the event that the above damage occurred as the result of the procedure to freeze or to thaw the eggs.
9. I hereby confirm that the eggs will be frozen and stored in the In-Vitro Fertilization Unit for a period of up to 10 years.

I understand and confirm that up to 60 days prior to the expiration of each additional storage period (each period is of 10 years duration at the most, as agreed between myself and the IVF Unit), I will have to notify the In-Vitro Fertilization Unit in writing in advance if I wish to continue to store the frozen eggs for a further period. In the event that I do not make a written notification of my desire as mentioned, the In-Vitro Fertilization Unit will be entitled, subject to the approval of the Ministry of Health, to stop storing the eggs for me, and to act in accordance with the provisions set forth in clause 13 of this document.

In this case, I will no longer be able to use the eggs for myself for fertilization purposes.

In the event that I will not make a written notification of my desire as mentioned, I will have no complaint or claim against the State, the Ministry of Health, the Medical Center, the In-Vitro Fertilization Unit, the management, the staff or any party acting on behalf of any of these, regarding the non-storage of the eggs or regarding damage caused to me as a result of this.

10. I understand that I will have to pay on time the sums requested of me by the In-Vitro Fertilization Unit in accordance with the agreement that will be drawn up with them. It has also been explained to me and I have understood that in the event that I do not pay the said sums on time, the In-Vitro Fertilization Unit will be entitled, subject to the approval of the Ministry of Health, to stop storing the eggs for me, and to act in accordance with the provisions set forth in clause 13 of this document, within 60 days of a warning about this being sent from the In-Vitro Fertilization Unit to the address that I provided as per clause 7 of this document.
11. I understand and hereby undertake that the frozen eggs will be used for myself only, and they are not intended for the use of any woman or any person other than myself, with the exception of cases that I will consent to as detailed in clause 13 of this document.
12. It has been explained to me and I agree that in the event that I die and frozen eggs remain, they will not be conveyed to the possession or use of anyone from my family, but rather they will be handled as if the storage period had expired without my having notified my desire to continue the storage, as detailed in clause 10 above.
13. At the end of the storage period, in the event that I did not notify my wish to continue the storage of the eggs for an additional period, I instruct that (please mark):
- ☐ The eggs be thawed / הביציות יופשרו
- ☐ The eggs be conveyed for use for legally approved research purposes (in no event will the eggs be used for the birth of a child in the framework of research) / הביציות יועברו לשימוש למטרת מחקר שאושר כדין (בשום מקרה לא יישמשו הביציות להולדת ילד/ים במסגרת מחקר)

I am aware that in all events, as per the current legal situation, if it will not change, it will only be possible to use the eggs that will be frozen for the purpose of the birth of progeny until the age of 54.

I am also aware that in the event that I will wish to donate some of my eggs that will be retrieved from my body for the use of another woman for the purpose of procreation, I will have to satisfy the all conditions set forth in the Egg Donation Law.

I hereby declare that I have carefully read the consent form for the egg freezing procedure. I have had the opportunity to ask questions about this information. I have also been given the opportunity for consultations and for finding out about egg freezing.

**In witness whereof I have signed:**

_____ Woman's Name / שם האישה	_____ Signature / חתימה	_____ Date / תאריך
_____ Attending physician's name / שם הרופא המטפל	_____ Signature / חתימה	_____ License No. / מספר רישיון