



## LETTER OF CONSENT FOR THE ASSISTED REPRODUCTION PROCEDURE

By means of this letter we make known that we authorize Dr. \_\_\_\_\_ and his group of collaborators at the Assisted Reproduction Clinic, to perform the Follicular Aspiration and Embryo Transfer procedures on \_\_\_\_\_ (patient's name) \_\_\_\_\_, which will require ovarian stimulation through the use of specific medications, as well as the collection of eggs using the ultrasound-guided transvaginal aspiration procedure, which will be performed under general intravenous anesthesia or epidural blockade, as recommended by the anesthesiologist. The embryos that result from the union of eggs and sperm will be transferred at the most appropriate moment.

We understand the physiological process in the male reproductive system to be dynamic. Therefore, if the requested sperm sample does not have the appropriate characteristics for In-Vitro-Fertilization and/or 5 or fewer eggs are obtained, the recommendation is to perform an Intracytoplasmic Sperm Injection (I.C.S.I.). If it happens that by day 10 of the stimulated cycle there are 3 or fewer follicles, the recommendation is to cancel this cycle.

We acknowledge that an explanation has been given to us and that we understand the procedure to be performed, as well as its scope, complications, and limitations. We have been informed that the probability of success when these procedures are performed depends on age and ovarian response, and that it may range from 10% to 50%, and we are aware of that fact. We acknowledge that these explanations are expository, but not limiting; therefore, we expressly accept any inherent risk associated with the procedure (complications, risks, failures, etc.), and we waive all rights to any form of legal action related to the results, effects, and immediate or future consequences of performing this procedure, releasing the doctors, the Assisted Reproduction Clinic, and their collaborators from any form of liability.

Garza García, N.L., \_\_\_\_\_, 20\_\_\_\_

Mrs. \_\_\_\_\_  
Name and Signature

Mr. \_\_\_\_\_  
Name and Signature

Dr. \_\_\_\_\_