



## EMBRYO ÇÖZME (İNGİLİZCE) ONAM FORMU EMBRYO DEFROST APPROVAL FORM



Dokuman No: ÜYTE.RB.06-01

Yayın Tarihi:24.08.2021

Rev.No: 00

Rev.Tarihi:

Sayfa No1/1

<b>Patient's;</b>	<b>Wife's / Husband's;</b>
Name Surname:.....	Name Surname:.....
National ID Number:.....	National ID Number:.....
Date of Birth: ...../...../.....	Date of Birth: ...../...../.....
Patient Number :.....	File Number :.....
File Number :.....	
Embryo freezing date: ...../...../20.....	
Residence Information:	
Embryo Number to be Defrosted:	Container Number to be Defrosted:
Defrost technique:	Number of Remaining Containers:

### EMBRYO FREEZING PROCEDURE:

When the embryo is frozen and defrosted, the percentage of the embryos to preserve their liveliness is 90%. This means a 10% probability of losing the embryos when defrosted and cancelling the treatment. The best of the embryos will be chosen after defrosting and the remaining will be destroyed. When the embryos are placed, the achieved maternity percentages are 5-10% less than fresh cycles. Regarding patients who benefit from official establishments, this procedure is considered as a trial and those who use their first rights are considered to complete their second rights.

**PRICE TO BE PAID:** For defrost procedure.....is charged.

**IMPORTANT WARNING:** The remaining embryos will be destroyed maximum after one month unless an update is made by a petition at the end of a year.

<b>Patient's;</b>	<b>Wife's / Husband's;</b>
Signature (Female):	Signature (Male):
Unit Responsible	
Signature:	