

# Thawing embryos and / or fertilized (impregnated) ova

## A. Authorization

We, the undersigned

Last name / First name	Last name / First name
Date of birth	Date of birth
Street / nr	Street / nr
Postal code / City	Postal code / City
Phone	Phone

hereby contract Viollier AG to thaw our conserved embryos and / or fertilized ova within the context of a medically assisted fertility treatment. In accordance with the Reproductive Medicine Act (RMA, current version) regarding medically assisted artificial reproduction, a maximum of 12 embryos or fertilized ova may be cultivated.

The order shall be executed as follows:

1. Thaw \_\_\_\_ **(number) embryos**
2. Thaw \_\_\_\_ **(number) fertilized ova**
3. Should one or more of the thawed embryos and / or fertilized ova not have survived, further embryos and / or fertilized ova are thawed.  
 Yes  No
4. Extended culture up to blastocyst stage  
 Yes  No
5. Embryotransfer of \_\_\_\_ **(number) embryos**
6. The surplus embryos shall be frozen in accordance with the Reproductive Medicine Act (RMA, current version).  
 Yes  No
7. We acknowledge that the freezing, storage and thawing of the embryos and / or fertilized ova is performed using tried and tested scientific methods. Viollier AG provides no warranty that the embryos and / or fertilized ova will be viable and suitable for establishing a pregnancy after thawing.

Comment

Place, date

Signature

## B. Declaration of Acceptance by Viollier AG

Last name / First name

Comment

Place, date

Signature