

## CHIREC - Medically Assisted Reproduction Center – HBW/DELTA

<b>Authorization for a treatment with oocytes donation</b>	<i>Written by : Kristel Van den Broeck</i>
FE-MEDI-004-GB-version 11	<i>Verified by : Célia André</i>
Application date : 21/05/2024	<i>Approved by : Romain Imbert</i>

### Agreement and authorization for couples recipient of MAR with oocytes donation

#### Informed consent form

This informed consent form was given to the prospective parents on ..... /...../.....

By Dr .....

Stamp and signature of the Physician :

This document is hereby entered into by, on the one hand, the **CHIREC Medically Assisted Reproduction (MAR) Center**, represented by Dr Romain Imbert, Head of the MAR Center, located in: :

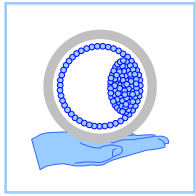
<b>CHIREC - Braine L'Alleud-Waterloo Hospital :</b>	<b>CHIREC – Delta :</b>
<b>Adress :</b> Rue Wayez, 35 (building F, -1) 1420 Braine-l'Alleud <b>Phone :</b> + 32 2 434 95 55 (working days) <b>Fax :</b> + 32 2 434 95 56 <b>E-mail :</b> <a href="mailto:pma.hbw@chirec.be">pma.hbw@chirec.be</a>	<b>Adress :</b> Boulevard du Triomphe, 201 1160 Bruxelles <b>Phone :</b> + 32 2 434 81 73 (working days) <b>Fax :</b> + 32 2 434 81 98 <b>E-mail :</b> <a href="mailto:pma@chirec.be">pma@chirec.be</a>

And on the other hand, **the prospective parent(s):**

SURNAME – First name : _____	SURNAME – First name : _____
Date of birth : ____/____/____	Date of birth : ____/____/____
Adress : _____ _____	Adress : _____ _____

E-mail adress(es) : \_\_\_\_\_@\_\_\_\_\_

\_\_\_\_\_@\_\_\_\_\_



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Done in : ..... On: ...../...../.....  
We, Mrs. ...., born on .....  
and Mr./Mrs. ...., born on .....

**The prospective parents, declare that we have asked the CHIREC MAR Center to conduct an IVF/ICSI procedure with the oocytes of a donor:**

- ☐ anonymous  
☐ non anonymous, namely Mrs. :

SURNAME – First name : .....

Date of birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

### Sperm is provided :

- ☐ by Mr. .... who undertakes to carry out the necessary examinations to guarantee the health safety of the sperm, that is to say serology for HIV, hepatitis B (HbS Ag, HbS Ac, HbC Ac), I hepatitis C (Ac Hc) and syphilis dating less than 3 months before the first sample and serology less than a year old for subsequent samples and declares consent to the collection and use of his sperm.
- ☐ by an anonymous donor
- ☐ by a non-anonymous donor, namely Mr. :

SURNAME – First name : .....

Date of birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

**We declare** that we have been informed of the various treatments as part of medically assisted reproduction, including adoption, as well as medical and legal limits of the care.

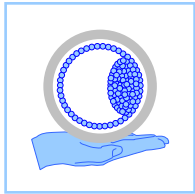
We have chosen to resort to a treatment with donated oocytes. This decision was made freely and without coercion, and we have received and understood all the necessary explanations.

We have been informed about the benefits and risks involved in this procedure. They are identical to those related to any MAR procedure. For the recipient couple, there is also a risk of multiple pregnancy and / or transmission of genetic abnormalities related to the oocytes donor.

We declare that:

- **We have been informed of the fees related to this procedure of oocytes donation.**
- CHIREC MAR center gave us the contact details of competent persons to provide psychological support before, during and after the treatment. Participation in prior consultation was recommended.
- We have been informed that gametes (sperm) and/or embryos that are not usable for the treatment and intended to be destroyed could be used for training and/or improving IVF lab techniques quality.
- We have informed our referring physician of any previous care in another center, and declare that we do not have any cryopreserved embryos in another center.
- We have informed our doctor of any stay abroad in the last 3 months.

The oocytes donation will be conducted in accordance with the regulation required by Law on Medically Assisted Reproduction of 17/7/2007.



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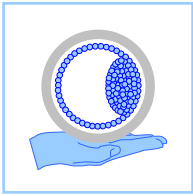
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The prospective parents have been informed that the following are prohibited:

- Commercialisation of oocytes
- Oocytes donation of a eugenic character, i.e. focused on the selection or amplification of non-pathological genetics characteristics of the human species.
- Oocytes donation focused on sex selection with the exception of selection to screen out embryos with sex-linked diseases.
- Simultaneous implantation of embryos from different oocytes donors to the same recipient during the same transfer.

They also have been advised that:

- When the procedure is undertaken, donation is definitive.
- Oocytes from the same donor may not lead to the birth of child in more than 6 different women.
- With the effect from the implantation of embryos resulting from the insemination of donated oocytes, the rules of filiation, as established by the Civil Code, are in favour of the prospective parents who received the oocytes. No action regarding parentage or the consequent property rights may be taken by the oocyte donor, nor taken against the oocyte donor by the recipients or by the child born of the implantation of embryos resulting from the insemination of donated oocytes.
- Non-anonymous donation resulting from a direct agreement between the donor and the recipient is allowed. In this case, they have to sign an agreement of directed oocytes donation with the donor, at the time of retrieval.
- The **oocytes donor** has been informed as well of the commitments:
  - To undergo all necessary tests and to provide all necessary medical information to the MAR Center to ensure health and safety of the donated oocyte (AR quality 2009 Annexe IV pt 3.6, Annexe III pt 1.2), and particularly undertake a serological check-up including the search of antigens and/or antibodies against hepatitis B & C, syphilis, and HIV, a karyotype, and a search of carrying cystic fibrosis.
  - To fully and sincerely answer the health questionnaire and agrees to undergo to any screening tests that will be requested.
  - To tell CHIREC MAR Center any new information concerning noticed genetic factors in her family, any change of her state of health.
  - To agree, if the health of the child conceived by this oocyte donation requires it, that the CHIREC MAR Center hands over her medical information to the physician designated by the child or their parents, and without prejudice to the Protection of Privacy Law of 8.12.1992.



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After discussion with the recipient couple, the number of embryos to transfer was determined in accordance with the law. If the latter is set to several embryos, the risks associated with a possible multiple pregnancy were exposed to the recipient couple, including those attached to any measurement of foetal reduction.

### **What happens to fresh and not-transferred embryos**

We want the supernumerary – and consequently not used – embryos to be:

- ☐ Cryopreserved, in order to attempt a new implantation to complete the parental project underway or for any subsequent one. I/We therefore fill in the attached ***questionnaire on cryopreservation of supernumerary embryos***.

☐ Destroyed.

Each of the protagonists may renounce the oocytes donation project, provided that such renouncement is done prior to the application of the procedure. I/We have been informed that, at any time, instructions meant in this agreement may be modified. These changes must be the subject of a written document signed by all signatory parties to this agreement.

I/We agree that medical and administrative data will be made available to the gynaecologists of the MAR center involved in the treatment, and authorize data communication to external bodies with the aim of national and international registration and monitoring of the quality of the MAR activity. This communication is transmitted in encrypted form so that the identity of the persons concerned is not disclosed to the agency that receives and analyses the data.

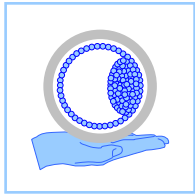
The Federal Agency for Medicines and Health Products (FAMHP) requires MAR centers to use the “Fertidata” application for any use of sperm, oocytes or embryos from a donor. The FAMHP has issued an information document intended for patients requiring this type of treatment. This information document is made available to you on the CHIREC website at the following address:

<https://chirec.be/fr/centers/840000-center-de-procreation-medicalement-assistee-pma/>

I/We undertake jointly and severally to assume the hospitalization costs, medical fees and laboratory costs involved in this attempt at assisted reproduction as well as any additional costs linked to foreseeable or unforeseeable complications.

Any abandonment of treatment for personal, non-medical reasons, after receipt of medications covered by the PMA 1/2 package, will result in reimbursement by the couple of the entire cost of medications dispensed by the hospital. You may be charged a flat rate for the laboratory.

I/We have been informed that the instructions set out in this agreement may be modified at any time. These modifications must be the subject of a written document signed by all the signatory parties to this agreement.



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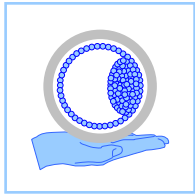
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Prospective parents agree with all the points mentioned above :

<b><u>Mrs :</u></b>  Date : ____ / ____ / ____  Signature :	<b><u>Mr/Mrs :</u></b>  Date : ____ / ____ / ____  Signature :
<b><u>Referred doctor :</u></b>  Date : ____ / ____ / ____  Stamp and signature	

*\* In the absence of one of the prospective parents, a **proxy** and a **copy of the ID card** are **required** to be given to the Center*

*This agreement is made in 2 copies, one for the prospective parent(s), and the other for the fertilization center.*



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### Form for cryopreservation of supernumerary embryos

I/We, the prospective parent(s), declare that I/we have been informed of the benefits as well as the risks of cryopreservation technique.

I am /We are aware that embryos do not react identically to the freezing process and might be altered by the technique. Moreover, over the years, the deposition can be altered for one reason or another. This is why I am / we are aware and I/we agree that the Chirec MAR Center cannot guarantee, nor be held responsible for the quality of embryos after thawing.

I/We have been advised that the cryopreservation period is legally limited to a 5-year period, beginning on the day of cryopreservation.

I/We wish:

- ☐ Not to reduce this period
- ☐ To reduce it to a fixed period of ..... years / months.

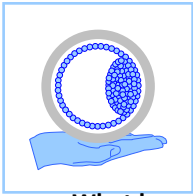
This period may be extended in special circumstances. This request must be the subject of a written document, signed and sent by the prospective parents. As for any request to assisted procreation, the CHIREC MAR Center reserves the right to invoke a conscience clause concerning received requests. If the extension is approved, an annual rental charge of €150 indexable will be required from the prospective parents. If the extension is refused, the MAR Center can give the contact details of another center. Prospective parents will have two months to organise, at their own expense, the transfer of their embryos to another center in the necessary conditions for their preservation.

I/We have been informed that if we have not made contact with the CHIREC MAR Center, at the end of the 5-year period, it will consider the choice mentioned in the Form for Cryopreservation of supernumerary embryos. I/We will be informed of the date of destruction by letter.

If, for reasons of force majeure, the Center had to be apart from the embryos bank, I/we authorize the MAR Center to transfer the frozen vials to another bank with which the center has an agreement. In this case, I/we will be informed by the IVF center with a regular mail within six months following the embryos transfer.

I / We declare that I/we have requested the MAR Center of CHIREC, on my own initiative and without coercion, to carry out cryopreservation of my/our supernumerary embryos.

**No embryo freezing will be made if the signed agreement is not in our possession on the day of oocyte warming.** The agreement signed by the two partners, or by the applicant, should be handed in on the day of oocyte warming at the latest.



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### What happens to cryopreserved supernumerary embryos:

**1/ At the end of the legal 5-year period of cryopreservation, I/we want my/our supernumerary embryos to be:**

☐ **A. Allocated to an anonymous embryo donation program, free of charge and definitive.**

To be accepted in the donation program, if the embryos are the result of using the partner's sperm, the latter must be a maximum of 45 years old at the time of freezing the embryos.

After 5 years, you will be contacted by the MAR center to confirm your choice.

You will be invited to complete a personal and familial anamnesis form, to perform blood test and genetic test and to meet a psychiatrist in CHIREC. Informed consent specific to embryo donation must also be signed.

**I / we undertake to submit to any examination and to provide any necessary medical information** for the implementation of the Act of 06/07/2007 applied under this agreement to enable the Center to ensure respect for the safety of donated embryos.

**Assuming I / we would refuse or stop submitting to any examinations, or if the test results are incompatible with the donation, I / we have been informed my / our supernumerary embryos will be destroyed by CHIREC, according to the current law**

☐ **B. Destroyed by CHIREC, according to the current law**

**\* Scientific research:** the law of 6 July 2007 on MAR and destination of supernumerary embryos and gametes provides possibility of donating gametes and/or supernumerary embryos for a scientific research program. I am / We are informed that the CHIREC MAR center does not carry out research on gametes and embryos within the meaning of the law of 11 May 2003 related to in vitro embryo research.

I am / We are informed that :

- in the event of a separation, divorce, permanent decision-making incapacity of one of the prospective parents, irresolvable differences of opinion,
- exceeding of the legal age (47 years old) by the prospective mother at the date of the embryo transfer,

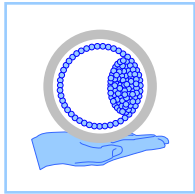
the MAR Center will take account of the last joint instruction given by the prospective parents.

**2 / In case of death of one of the prospective parents, we want the cryopreserved supernumerary embryos to be:**

☐ **A. Preserved for a post-mortem implantation.** This implantation can only be performed after a period of 6 months, starting on the day of death of the prospective parent and, at the latest, within 5 years after the death of the parent. If no news from you within 5 years of death, embryos will be destroyed by CHIREC according to the current law.

As for any request for assisted reproduction, the Chirec MAR Center reserves the right to invoke a conscience clause concerning received requests. In case of refusal to comply this request, the MAR Center can give the contact details of another center. Prospective parents will therefore have two months to organize, at their own expense, the transfer of embryos to the other center in the necessary conditions for their preservation.

☐ **B. Destroyed by CHIREC, according to the current law**



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I / We agree that the medical and administrative data be made available to the gynaecologists of the CHIREC MAR Center involved in the treatment and authorize communication of data to external bodies with the aim of national and international registration and monitoring of the quality of the MAR activity. This communication is transmitted in encrypted form so that the identity of the persons concerned is not disclosed to the agency that receives and analyses the data.

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<https://chirec.be/fr/centers/840000-center-de-procreation-medicalement-assistee-pma/>

I undertake / We undertake to notify the MAR Center without delay of any change in family situation or domicile. The MAR center has no obligation to research this information. If due to a lack of updated information, at the end of the stipulated deadlines, the center cannot contact the authors of the parental project and signatories of this agreement, the arrangements made here will be carried out without delay and without further notice.

Prospective parents agree with all the points mentioned above ;

<b><u>Mrs :</u></b>  Date : ____ / ____ / ____  Signature :	<b><u>Mr/Mrs :</u></b>  Date : ____ / ____ / ____  Signature :
<b><u>Referred doctor :</u></b>  Date : ____ / ____ / ____  Stamp and signature	

*This agreement is made in 2 copies, one for the prospective parent(s), and the other for the fertilization center.*