

INFORMED CONSENT – POLAR BODY DIAGNOSIS

**Laser assisted opening of the zona pellucida of the oocyte,
removal of polar bodies 1 and 2,
genetic analysis - FISH (chromosomes 13, 16, 18, 21, 22)**

Patient:

I have been detaily informed about polar body diagnosis and information material has been provided. I herewith agree that polar body diagnosis will be performed. I know that I can ask for a stop at any time point of the procedure after having talked to the responsible medical doctor.

Name:

Signature:

Date:

Medical doctor:

I have explained the approach of polar body diagnosis to the patient. The patient is informed about the details and benefits of the procedure.

Name:

Signature:

Date:

Univ.-Prof. Dr. Markus Hengstschläger:

The patient has been informed about the genetic aspects and the laboratory methods of polar body diagnosis.

Signature:

Date: