

	Confirmation for transfer of thawed fertilised eggs	
	Category: Fagprosedyrer - Annet - Annet 3	Valid from: 28.08.2012
Organisational affiliation: HVRHF - Helse Bergen health trust - Women's clinic	Version: 1.00	Skjema
Doc. owner: Siren Skrede	Resp. for doc.: Siren Skrede	

Name woman:
National identity number:

Name man:
National identity number:

See previous assisted reproduction agreement

The confirmation must be signed by both parties, and must be submitted to the Unit for Assisted Reproduction in advance of the treatment. 1 week in advance at the latest. In the event of a change of name since the last treatment, a certificate must be enclosed with the form.

Note! Fertilised eggs will not be thawed until this confirmation is received.

We confirm that we are married/cohabitants and have received information about the treatment.
We hereby consent to thawed fertilised eggs being transferred to the woman.

.....
Place/date

.....
Woman

.....
Man

For the department:	Attempt scheduled for week:.....
Signatures and dates checked against previous confirmations:	
Sign.....	Date:.....

The confirmation must be dated and signed by both parties and returned to the unit by eDialog or by post.
(If you decide to send us the confirmation by post, be aware that you have to send the letter at least 14 days in advance of the treatment).