



Scott Roseff, MD, F.A.C.O.G.

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Diplomate – American Board of Obstetrics & Gynecology
Board Certified – Reproductive Endocrinology & Infertility

RELEASE OF LIABILITY AGAINST DR. ROSEFF DUE TO SERVICES (INCLUDING IVF, EMBRYOLOGY, EMBRYO TRANSFER, AND CYCLE MANAGEMENT FOR ASSISTED REPRODUCTION) AT DR. GRAUBERT'S FACILITY

I have chosen to undergo in-vitro fertilization with embryo transfer (IVF/ET). My oocytes (eggs) will be retrieved from me and embryos will be transferred to me at Dr. Graubert's office by Dr. Graubert, Dr. Roseff or their designee(s). I have read this consent form, understand all that I have read, and have signed this consent form by my own free will.

My signature below indicates that I have been apprised of all the alternatives, procedures, and risks inherent in IVF/ET, which include but are not limited to:

- infection/sepsis; bleeding/hemorrhage; perforation of internal organ(s); death
- psychological disturbances due to needing or having IVF/ET done
- adverse responses to the medications/procedures, including allergy and hyperstimulation syndrome
- pregnancy loss, including ectopic pregnancy
- the occurrence of congenital anomalies or abnormal offspring(s)
- subsequent diseases in me, my partner (if any) and/or in my offspring

I am aware that the eggs/sperm used for IVF will be collected from me, my partner (if any), or my chosen sperm donor. My partner (if any) and I are aware that Dr. Roseff does not guarantee in any way that IVF/ET will result in pregnancy. Dr. Roseff shall not be liable in any way to me, to any person, or to my child(ren) born as a result of IVF/ET(s).

I am aware of, and understand the implications and limitations of, the egg/sperm testing results and guidelines performed by Dr. Roseff and/or Dr. Graubert. I understand that **NO GUARANTEE IS GIVEN, OR CAN BE GIVEN, THAT SPERM/EGG(S)/EMBRYO(S) ARE OR WILL BE DISEASE FREE. FURTHERMORE, WHILE EVERY PRECAUTION IS TAKEN BY DR. ROSEFF AND DR. GRAUBERT TO ASSURE PROPER EGG/SPERM/EMBRYO HANDLING AND IDENTIFICATION OF SUCH TO AVOID CONFUSION BETWEEN PATIENTS, DR ROSEFF IS NOT RESPONSIBLE FOR, AND I HEREBY RELEASE HIM FROM, ANY/ALL LIABILITY DUE TO SAID MANIPULATION/THERAPY AT DR. GRAUBERT'S OFFICE.**

Dr. Roseff shall not be responsible for, and I hereby release him, his practice and employees from all liability of any kind or nature with respect to:

- failure of the procedure(s) to induce pregnancy
- the handling or supervision of specimens at Dr. Graubert's office
- any birth defects or abnormalities of any kind, including genetic, chromosomal, environmental, metabolic, internal or external defects resulting from a pregnancy induced by IVF/ET
- failure of donor sperm specimens to produce the characteristics set forth in my order (if applicable) in any child resulting from assisted reproduction
- any abortion, natural or induced, or abnormal pregnancy, resulting from IVF/ET
- the failure of Dr. Graubert's office to conform to applicable law or standards with respect to the sperm/egg(s)/embryo(s) used for IVF/ET (such as, but not limited to, proper identification of and/or disposition of, sperm/egg(s)/embryo(s)).

I hereby release Dr. Roseff, his doctors and his employers/employees from any claim of any kind or nature which I may have or may subsequently acquire with respect to any matter which arises from, is related to, or is in any way connected with the sperm/egg(s)/embryo(s), screening and/or handling of sperm/egg(s)/embryo(s) by Dr. Graubert, and the egg retrieval, sperm preparation, embryo handling/transfer by Dr. Graubert and associated facilities.

Patient Signature – Female

Patient Name – Print

Date

Partner's Signature

Partner's Name – Print

Witness Signature

Witness – Print