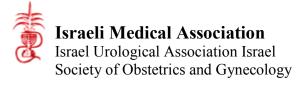
Space for Medical Institution Name and Logo

יולי/ 1997 OUROL/DTP/IVFט 0017/

טופס הסכמה: דיקור ושאיבה של תאי זרע מאשך או מיותרת האשך ו/או להשגתם באמצעות ניתוח באשך ו

CONSENT FORM: PUNCTURE AND ASPIRATION OF SPERM CELLS FROM TESTICLE AND/OR TESTICULAR SAC AND/OR BY TESTICULAR SURGERY

	tain sperm cells b		formed when sperm correct aspiration from th		
The procedures are	e carried out unde	r local or general	anesthetic.		
Name of Patient: _					
	Last Name	First Name	Father's Name	ID No.	
I hereby declare ar Dr	nd confirm that I r	received a detailed	l verbal explanation fr	om:	
and/or excision of It has been explain to go from one pro than one puncture I hereby declare ar are relatively new problem arises from sperm production in rate is about 30%. It has also been exalso be no sperm in possibility that me transfer the fertility have arisen as a repartner. Any remain fertilization if I should I hereby declare the after the primary purpose I received an explain fection, hemorrh in rare cases degen I hereby give my control of the primary proceedures, may an are proceedures, may an are cases degen procedures, may an are proceedures, may an are cases degen procedures, may an are proceedures, may an are cases degen procedures, may are cases degen procedures.	a fragment of test and to me that there and/or puncture/or and confirm that it and the rate of prome reduced production the testicle but a plained to me that in the testicular tism with a minimum y problem to their sult of the treatment in the testicular tism at I have received rocedure including the properties of the testions of th	and aspiration of cicular tissue (hence is a possibility to of the abovement of sperm the there is obstruction of sperm the there is obstruction of the above of the future. If they are four of the future. If an explanation of a pain, discomfor of the primary oper of the primary oper of the primary oper of the above of the primary oper of the above of the primary oper oper of the primary oper of the primary oper oper of the primary oper oper oper oper oper oper oper oper	d to me that the invasion of collected by these appregnancy rate is about on or degeneration of the of men who have no apperation. It has been exquire the abovemention of the apperation of the appearance of the alternative treatment and the development of the print that may interfere the appearance of the print that the appearance of the appear	procedure"). Sperm cells it may be a fithere may be a need at there may be a need at the sperm cells it may be a need at the sperm the sperm the sperm the sperm that the sperm in their semen, applained to me that the sperm of the ovalor attempts at additional and the possibility the madditional or differential and the possibility the madditional or differential and additional or differential and additional or differential and the possibility the madditional or differential and additional surgestimates and additional or differential and the possibility the madditional or differential and additional surgestimates and a	necessary for more ing sperm When the rmal pregnancy there will ere is a res may cells that of his al ffects n cells. ling rities and at during ent gical





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clear to me. I, therefore, also give my consent to such an extension, modification or performance of different or additional procedures, including additional surgical procedures, which the institution's physicians deem essential or necessary during the primary procedure.

I also consent to the performance of local anesthesia at the discretion of the physicians, after the possible complications of local anesthesia have been explained to me including an allergic reaction of varying degree to the anesthetic materials. If a general anesthetic will be decided on an explanation will be provided by an anesthesiologist.

whoever is designated to do so guarantee that they will be per	t the primary operation and any oth o, according to the institutional proc formed, fully or in part, by a certain tandard degree of responsibility and	redures and directives, and that the n person, as long as they are performed.	ere is no
Date	Time	Patient Signature	
	ed the patient with a detailed verbal e consent form in my presence afte		
Name of Physician	Physician's Signature	License No.	

