MINISTRY OF HEALTH
SINGAPORE

DECLARATION ON THE IMPORTATION OF GAMETES / EMBRYOS DURING COVID-19
Patient and her Husband

	Yes	No	N/A
We declare that:			
1. We understand and accept all risks which may be associated with the transfer of gametes/embryos, and accept responsibility for the proper handling of the gametes/embryos while in transit, including responsibility for any adverse outcomes.	☐	☐	
Where donor gametes / embryos have been used, we declare that:			
2. We have not paid more than reasonable expenses for the supply of donor gametes / embryos[1].	☐	☐	☐
Where Pre-implantation Genetic Screening (PGS) has been conducted on the embryos, we declare that:			
3. Besides the presence/absence of chromosomal aberrations, no other findings from the PGS tests (including gender of the embryos) were reported to myself or my husband by the overseas PGS laboratory or the assisted reproduction clinic.	☐	☐	☐
We declare the above information to be true and accurate	☐	☐	

Name and Signature of Patient	Name and Signature of Husband
Date	Date

[1] Please ensure evidence (e.g. an itemised invoice) has been provided to your local attending assisted reproduction practitioner to MOH

Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg

MINISTRY OF HEALTH
SINGAPORE

DECLARATION ON THE IMPORTATION OF GAMETES / EMBRYOS DURING COVID-19
Overseas Laboratory and/or Assisted Reproduction Clinic / Practitioner

	Yes	No	N/A
Where donor gametes / embryos have been used, I/We declare that:			
1. The oocytes were donated by women between the ages of 21 and 35 at the point of oocyte removal	☐	☐	☐
2. The sperm was donated by men between the ages of 21 and 40 at the point of sperm removal	☐	☐	☐
3. The embryos were created from oocytes removed from women between the ages of 21 and 35 at the point of oocyte removal	☐	☐	☐
Where Pre-implantation Genetic Screening (PGS) has been conducted on the embryos, I/We declare that:			
4. Besides the presence/absence of chromosomal aberrations, no other findings from the PGS tests (including gender of the embryos) were reported to the assisted reproduction practitioner, the couple, and the embryologist overseas, and in Singapore.	☐	☐	☐
I/We declare the above information to be true and accurate	☐	☐	

Name and Signature of Practitioner

Clinic Stamp and Date

Name and Signature of Practitioner

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MINISTRY OF HEALTH
SINGAPORE

DECLARATION ON THE IMPORTATION OF GAMETES / EMBRYOS DURING COVID-19
Local Assisted Reproduction Clinic and Practitioner

	Yes	No	N/A
Where Pre-implantation Genetic Screening (PGS) has been conducted on the embryos, I/We declare that:			
1. Besides the presence/absence of chromosomal aberrations, no other findings from the PGS tests (including gender of the embryos) were reported to the couple, the embryologist locally and myself.	☐	☐	☐
I/We declare the above information to be true and accurate	☐	☐	

Name and Signature of Attending Practitioner

Clinic Stamp and Date

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