



CONSENT FOR ASSISTED REPRODUCTIVE TECHNIQUES

“Assisted Reproductive Technique” (ART) is the general term for advanced fertility enhancing procedures such as In Vitro Fertilization (IVF), Gamete Intra-Fallopian Transfer (GIFT), Zygote Intra-Fallopian Transfer (ZIFT), or Tubal Embryo Transfer (TET), which may or may not be combined with sperm and/or egg donation. The likelihood of success of any one cycle depends on the type of treatment and on a variety of other factors, especially the age of the female partner and the quality of sperm of the male partner. Most treatments can be repeated without significant decrease in success rates, thereby achieving a higher cumulative likelihood of success. Nevertheless, no guarantee can be made about the success of any individual cycle or any individual patient over a number of cycles.

The progress of your cycle will be monitored by transvaginal ultrasound and blood tests. The need for monitoring varies, but 5-10 visits during the treatment cycle are common. You will also be given instructions regarding medications based on the results of the tests. Failure to undergo scheduled testing or to follow instructions may compromise the chance of success and may increase the risk of complications.

Pregnancies achieved by ART are subject to complications which are inherent in all pregnancies, but may occur with higher frequencies. For example, multiple gestations (twins and higher-order multiples) are far more common after ART. Additionally, risks of miscarriage, ectopic pregnancy, pre-term labor, low birth weight and very low birth weight may be increased after ART. There have also been reports of an increase in certain unusual anomalies among children born after ART, but these have not been definitely established. During pregnancy, prenatal diagnosis by ultrasound and blood tests, chorionic villus sampling (CVS) and/or amniocentesis is recommended on the basis of maternal age, and other factors as determined by your obstetrician. The transmission of genetic disease is not prevented by ART, unless preimplantation genetic diagnosis (PGD) is performed prior to embryo transfer.

Data from your ART procedure will also be provided to the Centers for Disease Control and Prevention (CDC). The 1992 Fertility Clinic Success Rate and Certification Act requires that CDC collect data on all assisted reproductive technology cycles performed in the United States annually and report success rates using these data. Because sensitive information will be collected on you, CDC applied for and received an “assurance of confidentiality” for this project under the provisions of the Public Health Service Act, Section 308(d). This means that any information that CDC has that identifies you will not be disclosed to anyone else without your consent.

Initials

Things that can go wrong during ART include (but are not limited to):

- 1. Follicles may not develop in the ovaries
2. Eggs may not be retrieved
3. Eggs may not fertilize
4. Embryos may not develop normally
5. Transferred embryos may not implant
6. Implanted embryos may not progress to normal pregnancy (“biochemical pregnancy”)
7. Pregnancies may be miscarried
8. Embryos may implant in an abdominal location (“tubal pregnancy” or “ectopic pregnancy”)
9. Multiple gestations may occur
10. Babies may be abnormal or born prematurely
11. Babies may have anomalies

Certification of Informed Consent for Assisted Reproductive Techniques

Your signature below indicates that you have read the preceding consent, that you have had the opportunity to ask questions, and that your questions have been answered to your satisfaction.

PATIENT NAME (print)

PATIENT SIGNATURE

DATE

PARTNER NAME (print)

PARTNER SIGNATURE

DATE

WITNESS (print)

WITNESS SIGNATURE

DATE