



CONSENT FOR ASSISTED HATCHING

Assisted hatching (AH) is a specialized laboratory procedure whereby the shell surrounding the embryo, called the zona pellucida, is weakened using micromanipulation instruments in order to facilitate the hatching (release from its shell) of the embryo, so as to improve the chance of implantation in the uterus.

Assisted hatching is commonly employed in cases of assisted reproductive techniques (ART) in which the female partner is older than 37 years of age, in couples with prior in vitro fertilization (IVF) implantation failure, when the zona pellucida is determined to be excessively thick, and in embryos who have previously been frozen.

During AH, embryos derived from IVF, or frozen-thawed embryos will be evaluated, and those that are selected for transfer will be placed into an air-buffered culture medium with the aid of specialized micromanipulators. Using mechanical (a specialized laser apparatus) or chemical (less common) means, a pinpoint opening is created in the zona pellucida of each embryo selected for transfer. Upon completion of the AH procedure, embryos are returned to regular culture medium and cultured until transferred into the uterus. Typically, AH is performed on the same day of the scheduled embryo transfer. In some clinical situations, AH is performed several days prior to embryo transfer.

The risks associated with assisted hatching include the potential of increased incidence of multiple pregnancy, including monozygotic (identical) twinning (with the potential for conjoined or "Siamese" twins); the possible damage/destruction of the embryos by mechanical or chemical trauma; possible damage to the embryos from environmental exposure or handling during the AH procedure; and possible failed implantation. Assisted hatching has not been directly associated with any significantly increased risk for congenital birth defects in ART pregnancies that did not result in identical twins, however the possibility for birth defects exists. The expected benefit of AH is the increased pregnancy rates in certain clinical situations, as described above.

In an effort to assist implantation, I/we consent to Assisted Hatching (AH) of our embryos, which may improve our overall chance of pregnancy. We understand that AH is an optional procedure added on to our IVF or frozen embryo transfer (FET) procedure.

Initials _____

Certification of Informed Consent for Assisted Hatching

We have had the opportunity to ask all questions about assisted hatching, and those questions have been answered to our satisfaction. Dr. Mor and/or Dr. Woo have explained the procedure, the risks, benefits, and treatment alternatives to us, as outlined in this informed consent. We have carefully, thoughtfully, and voluntarily considered this decision, and our signature indicates our informed consent to proceed with the treatment.

PATIENT NAME _____ (print)

PATIENT SIGNATURE _____

DATE _____

PARTNER NAME _____ (print)

PARTNER SIGNATURE _____

DATE _____

WITNESS _____ (print)

WITNESS SIGNATURE _____

DATE _____