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PROCEDURES CONSENT

EMBRYO TRANSFER (ET, Embryo replacement)

Embryo transfer is the placement of human embryos directly into the uterine cavity for the purpose of establishing a pregnancy. Embryo transfer uses a specially designed catheter to bypass the cervix and enter the uterine cavity. The transfer may occasionally be performed using transabdominal ultrasound for guidance. The embryos are carried into the uterine cavity in a fluid called "transfer medium". Transfer medium may contain biologically derived materials.

Risks

Infection: Bacteria normally present in the vagina may be transported into the uterus and cause an infection in the uterus, fallopian tubes or ovaries. Treatment of infections could require the use of oral or intravenous antibiotics. Theoretically, biologic materials used during the IVF process could be a source of material that could cause an infection in a woman when placed into her uterine cavity.

Receiving the wrong embryos: There are reported cases in which women undergoing an embryo transfer have unknowingly received embryos that did not derive from her and her partner. The incidence of this occurrence is not known but is thought to be rare.

Difficult or failed embryo transfer: This may require multiple transfer attempts or additional treatment for difficult transfer. Occasionally embryos may be transferred laparoscopically or could be frozen and not transferred.

Loss or damage to the embryos: During an attempted transfer, embryos may be lost from the catheter or damaged.

Side effects

- Discomfort from speculum use
 - Discomfort from manipulation of the uterus to achieve catheter placement
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I, understand that use of IVF and embryo transfer may not be successful in producing a pregnancy. A pregnancy that does occur may not result in the birth of a live born infant.

I acknowledge that I have read the above consent in its entirety and have had any questions answered completely and to my satisfaction.

I understand the risks, consequences, and potential benefits of embryo transfer.

My signature below indicates my consent to undergo embryo transfer and that I am exercising independent judgement as to the use of such procedures. I understand that I may withdraw my consent at any time.

X _____