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 BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY
 AND INFERTILITY

Guidelines for Performance of Assisted Reproduction Cycle

We, and agree to undergo infertility treatment using assisted reproductive techniques. We have had the process explained to us in detail and we have had an opportunity to have all of our questions answered. The following are our choices and acknowledgements for this cycle.

1. Sperm source :
2. Discard policy

Only normally fertilized eggs (zygotes) will be cultured (grown) for further development. Unfertilized and abnormally fertilized eggs will be discarded. The embryos will be inspected periodically to assess their normalcy and development. Embryos that are determined to be abnormal, unhealthy, or non-viable will be discarded.

3. Treatment options for this cycle

All oocytes will be fertilized using intracytoplasmic sperm injection (ICSI)

Click To Sign	Click To Sign	We request that preimplantation genetic diagnosis (PGD) be performed. PGD method: Payment due before cycle start.
Click To Sign	Click To Sign	We plan to transfer embryo(s) to the uterus at the blastocyst stage. Any changes to this number will be discussed with at least one of us at the time of transfer.

4. In the event that there are viable, healthy embryos that are not transferred to the uterus, we would like to:

Click To Sign	Click To Sign	Have the remaining viable embryos frozen for our own future use. MUST ALSO SIGN CRYOPRESERVATION CONSENT. Payment due before cycle start. Criteria for cryopreservation:
Click To Sign	Click To Sign	Dispose of all the remaining embryos.
Click To Sign	Click To Sign	Donate the extra embryos for use by another infertile couple. MUST ALSO SIGN EMBRYO DONATION CONSENT. Refundable deposit due before cycle start.

Data from your IVF 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.

By signing this document below, we certify that we are entering into this agreement voluntarily and as a couple. It is our intention through this treatment to have the female named above and whose signature appears below, conceive and deliver a child or children. We understand that whether or not our own gametes (sperm, eggs) have been used to achieve conception, that (with the exception of embryos we have designated for donation) we both assume full legal and financial responsibility for any children born as a result of this treatment regardless of our future marital status.

This agreement is intended for use for a single assisted reproduction cycle. A separate agreement must be signed for any subsequent cycles. We acknowledge that we have read the above agreement in its entirety and have had any questions answered completely and to our satisfaction. We understand that if either the male or the female withdraws their consent to this agreement in writing, such changes may result in cancellation of the cycle. Changes to the plan require both partners sign a new consent form prior to the time when the procedure would be performed.

Our signatures below indicates our agreement to undergo an assisted reproduction cycle as outlined above.

Click To Sign	Click To Sign
X _____	X _____