

RANDY S. MORRIS M.D.
 BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY
 AND INFERTILITY

Consent for Performance of Assisted Reproduction Cycle

We 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. Egg source

		Name
		<u>Donor egg</u> Name or donor code:

2. Sperm source

		Name:
		<u>Donor sperm</u> Sperm bank: Donor ID:

3. Discard policy

		We acknowledge that 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. If embryo testing is performed, all abnormal embryos will be discarded.
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4. Fertilization method

When IVF was first developed in the 1970s, eggs were fertilized by placing a certain concentration of sperm in a Petri dish near the egg. This is known as standard insemination. Men with abnormalities in their semen analysis would sometimes fail to fertilize the eggs or only fertilize a small percentage of the available eggs. The more severe the abnormalities, the lower the chances for normal fertilization.

It was also found that, at times, men who had a completely normal semen analysis would also fail to fertilize the eggs. Studies show that, if ICSI is not used, anywhere from 5-20% of the couples attempting IVF would fail fertilization. Stated another way, up to **one in every five couples attempting IVF without ICSI will fail fertilization**. The most recent study to demonstrate this was published in January 2009.

ICSI has been authorized and will be paid for by your insurance carrier.

ICSI has been denied by your insurance carrier or you do not have coverage.

ICSI has been denied by your insurance carrier will authorize and pay for ICSI if the sperm meets certain criteria.

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Fertilization method (continued)

			Recommended option
		Intracytoplasmic sperm injection (ICSI) only.	
		Intracytoplasmic Sperm Injection (ICSI) is to be performed only if the semen sample meets the insurance criteria on the day of the egg retrieval.	
		Standard insemination only	

5. Preimplantation embryo testing (PGD, Preimplantation genetic diagnosis)

			Recommended option
		We do not want preimplantation testing.	
		We request preimplantation testing be performed	
		Indications:	
	Biopsy method	Polar body biopsy	
		Blastomere biopsy	
		Trophoblast biopsy	
	Analysis method:	FISH	
		Microarray	
		Other	

6. Embryo transfer

			Recommended option
		Fresh embryo Transfer	
		Number of embryos to be transferred	
		Any changes to this number will be discussed with at least one of us at the time of transfer.	
		Cryopreservation (freezing) of all embryos	
		Cryopreservation (freezing) of all embryos only if necessary due to:	

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7. Plan for extra embryos

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

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

8. Data collection

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.

		I acknowledge the CDC will collect data on this in vitro fertilization attempt.
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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.