



**CONSENT FOR FRESH DONOR
OOCYTE- RECIPIENT
(ANONYMOUS DONOR)**

FOR INPATIENTS: AFFIX PATIENT LABEL OR
WRITE IN BOTH PATIENT NAME & MR NUMBER

FOR OUTPATIENTS: WRITE IN BOTH PT NAME & DOB

PATIENT NAME: _____

DOB OR MR #: _____

MR-833 (9-2017)

I _____ and _____ have
(Print Recipient's name) (Print Partner's name, if applicable)
elected to undergo in vitro fertilization (IVF) at the Women and Infants Fertility Center (WIFC) with the
use of eggs from selected anonymous donor _____ ("Donor").
(Donor Number)

IVF is a process whereby egg growth is stimulated in the ovaries with the resultant eggs being retrieved and fertilized by sperm in the laboratory. I/we believe the use of eggs from an anonymous donor ("donor eggs") offers the best option to attempt a pregnancy, and understanding the other options and alternatives available, consent to proceed with using anonymous donor eggs in combination with IVF to achieve a pregnancy.

PART I – RECIPIENT

Uterine Preparation

My physician has explained that there is a specific time-frame within the menstrual cycle during which an embryo (an egg fertilized by sperm) can implant. The first step in this process is to synchronize my uterus with Donor's stimulation cycle so that my uterus is prepared for the embryo transfer. Hormones are then used to build and stabilize my uterine lining (the part of my uterus where the embryo implants). My physician determines the best protocol for uterine preparation based on a number of factors, including my age and menstrual status (i.e. pre-menopause, menopause, etc.)

Preparation of the uterus occurs in four phases:

- Premenstrual Phase - medications are used to suppress my menstrual cycle and to synchronize me with the Donor.
- Phase 1: Building phase – I receive medication, such as estrogen, to thicken my uterine lining. After receiving this medication, an ultrasound is performed to ensure that the uterine thickness is adequate.
- Phase 2: Endometrial stabilization – I begin taking progesterone at a time predetermined by my physician prior to the embryo transfer to prepare my uterus for implantation. I understand that I start taking the progesterone on a specific day as determined by my physician. I agree that I will not take progesterone until instructed by my nurse or physician.
- Post-transfer phase – Progesterone is required to maintain the pregnancy even after implantation. I will continue to take progesterone and estrogen after the embryo transfer and I agree that I will not discontinue its use until I have been specifically instructed to stop by my nurse or physician.

Risks of hormone therapy:

I understand that my physician will review the risks of each of the medications that are prescribed to me. In general, the risks of these medications include (but are not limited to):

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- Bone loss
- Allergic reaction
- Increased risk of clotting
- Infection at injection site (for medication delivered by injection)

Fertilization of the eggs with sperm

I understand that following successful egg retrieval from the Donor, the eggs are evaluated and prepared for the fertilization process by the embryology staff. Fertilization is achieved by insemination (placing the sperm around the egg) or intracytoplasmic sperm injection (ICSI-injecting a single sperm into the egg).

- If frozen sperm is used, additional consents are required.
- Authorization for the storage and use of frozen sperm is also required for the laboratory

I am aware that the physician/embryology staff makes the decision to proceed with insemination versus ICSI. This decision is based on sperm and/or egg quality and/or quantity available for fertilization. If ICSI is indicated, I will sign a separate consent form.

Embryo Transfer

During embryo transfer, the embryos are placed into my uterus. Embryo transfer is typically performed under ultrasound guidance without anesthesia. If anesthesia is required, I will sign a separate consent for anesthesia on the day of the procedure.

I understand that the transfer of an embryo(s) into the uterine cavity may cause some cramping, discomfort and, possibly, a small amount of bleeding. There is also a risk of infection, which may require antibiotic treatment.

I am aware that the outcome of IVF correlates with the number and quality of embryos transferred into the uterus. I understand that transferring more than one embryo places me at risk for multiple gestations (more than one baby), and that the seriousness of this risk correlates directly with the number of embryos transferred.

The risks of multiple gestation includes, but are not limited to:

- preterm labor and the delivery of premature infants that may require intensive care and may have long- term complications associated with prematurity
- pregnancy-induced diabetes
- pre-eclampsia (a dangerous elevation of blood pressure during pregnancy)
- miscarriage

I acknowledge that it is WIFC's policy to limit the number of embryos transferred according to maternal age, age of oocyte donor and embryo quality. My physician has explained that the purpose of this policy is to maximize the chance of pregnancy while reducing the rate of multiple gestations. I understand that any remaining viable embryos may be frozen and stored for possible transfer in a subsequent cycle.

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Embryo transfer is not performed when there are no suitable embryos. This occurs because no eggs are retrieved from Donor, the eggs do not fertilize, or the embryos do not develop normally. If an embryo transfer is not performed, I understand that I will not get pregnant in that cycle.

Post-Transfer Management

In an attempt to increase the chance of successful implantation, post-transfer management includes hormone therapy (e.g. progesterone) either by intramuscular injection, which may cause bruising or discomfort at the injection sight, or vaginal suppository. My physician has reviewed the risks and side-effects of this medication. I will take this medication until instructed to stop by my nurse or physician.

I understand that there is no guarantee that a pregnancy will occur as a result of this treatment. My physician has discussed with me the chances of a successful outcome.

I understand that pregnancies resulting from IVF are subject to the same risks and complications as pregnancies achieved without medical intervention, including but not limited to:

- ectopic pregnancy (pregnancy occurring outside of my uterus and is life threatening)
- preterm labor
- pregnancy with birth defects
- miscarriage
- stillbirth

I acknowledge that the WIFC cannot guarantee the health of any infant resulting from this procedure.

Discarded Material (Recipient and Partner, if applicable, to initial below)

recipient initial partner initial

In the hope that I/we may help others, I/we donate for teaching or research purposes any unused biological material including follicular fluid, sperm, immature and/or unfertilized eggs, abnormal and/or arrested embryos (those which have stopped developing) which otherwise would be routinely discarded. I/we understand that no new pregnancies will be generated using this material. I/we understand that by agreeing to this donation there is no additional risk to me/us. I/we also understand that I/we may refuse to donate this material and the treatment given would not be affected.

My/our limitations are: _____

General Consent Provisions

I understand that the lists of risk and complications related to the above procedures are not complete and that my physician has discussed with me that other unforeseen risks do exist and that additional procedures may be required. I consent to those procedures which my physician deems necessary.

Alternative options and the risks and benefits of these alternative options have been explained to me,

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including procedures that are not performed here, and other non-medical options such as adoption or non-treatment, and I understand them.

I understand that evaluation, including tests for HIV and hepatitis, are performed as a routine part of the IVF process. Other studies as indicated by medical and/or family history may also be obtained.

I understand that, should there be bleeding from these procedures, I may require a blood transfusion. I understand that blood transfusions are routinely done with blood donated by volunteer blood donors and that if time and my condition permits, I will be given the option to have family members donate for me. I understand there are unforeseen complications associated with a transfusion, including but not limited to transfusion transmitted diseases (HIV, AIDS), allergic reactions, chills, fever, heart, lung or kidney problems or even death. The associated risks and benefits of a blood transfusion have been discussed with me. I acknowledge that blood transfusion treatment alternatives have been discussed with me. However, given that no oocyte (egg) retrieval will be performed on me, the chances of bleeding or hemorrhage and the need for transfusion are extremely remote.

I acknowledge that the physicians at the Women & Infants Fertility Center are only managing infertility and that I am responsible for obtaining my general medical and gynecologic care through other physicians.

I understand that Women & Infants Hospital is a teaching hospital where fellows, residents and advanced practicing medical and nursing students may observe and/or perform IVF and its related procedures under the direct supervision of licensed practitioners of accredited teaching programs.

I consent to the taking of photographs, videotapes and/or illustrations of my procedures, eggs, embryos, etc. and other medical problems for diagnostic, educational or scientific purposes, provided my identity is not revealed.

I agree to notify the Women & Infants Fertility Center of the birth of any children as a result of IVF procedures.

I am aware that the practice of medicine is not an exact science. I acknowledge that no guarantee or promise has been given to me by anyone as to the results of my treatment. I understand that these procedures are done by the Women & Infants Fertility Center team and that my primary physician may not be the one doing this.

PART II: RECIPIENT AND PARTNER, IF APPLICABLE

Use Of Anonymous Donor Eggs

I/we understand that WIFC obtains the eggs from a donor (“Donor”) that I/we have agreed upon. I/we acknowledge that although WIFC uses the donor eggs in the IFV procedures, WIFC does not guarantee, warranty or make any other assurances as to the quality of the egg(s) other than the fact that the source of the egg(s) is the Donor.

I/we are aware that WIFC conducts no independent investigation or verification of the information

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provided by the Donor in the Donor's profile, and does not warrant or guarantee the information's accuracy, completeness or correctness.

I/we understand that WIFC performs certain screening tests for infection and pre-conceptual labs on the selected Donor, as well as a psychological screening and physical examination, and these results are available to me/us.

I/we acknowledge that WIFC requires a complete evaluation and screening for myself and my partner (if applicable) for infectious disease, including tests to screen for HIV, hepatitis, and other tests WIFC deems appropriate, a psychological consultation, and a trial sperm preparation. Other studies as indicated by medical and/or family history may also be obtained.

I/we are aware that it is still possible that any child(ren) born as a result of the use of Donor's eggs may be mentally or physically abnormal or may have undesirable hereditary tendencies, characteristics or conditions and there is no way for WIFC to warrant or guarantee that any such child(ren) will be free from hereditary, sexually transmitted or other infectious disease or conditions, or that Recipient will be free from sexually transmitted or other infectious diseases or conditions as a result of the procedures.

I/we understand that complications may occur which prevent the establishment of a pregnancy, including but not limited to:

- Inability to retrieve eggs from the Donor
- Unintentional loss or damage to the retrieved eggs
- Donor is unable or unwilling to donate for personal reasons

I/we acknowledge my/our obligation to any child(ren) born as a result of our act to achieve a pregnancy using donor eggs, and agree to care for, support, financially and otherwise, and treat the child(ren) born as a result of these procedures, in all respects, as if my/our naturally conceived child(ren).

I/we are aware that by electing to proceed with IVF using anonymous donor eggs, I/we agree that I/we shall make no attempt whatsoever to identify, find, locate, contact, or to disclose, if known, the identity or location of Donor to anyone.

I/we understand that any present or future child(ren) born as a result of these procedures may be related (genetically, biologically or both) to the present or future child(ren) of the Donor, and that my/our child(ren) should have blood tests, and other appropriate genetic screening tests to determine a potential genetic relationship with a partner prior to entering into any relationship that could produce a child. I/we understand that my/our child(ren) should disclose to any partner the potential for genetic relationship and the importance of the partner undergoing blood tests and other appropriate genetic screening tests as well. I/we understand that WIFC has no obligation or duty whatsoever to make any of these disclosures to any person at any time.

I/we understand that WIFC makes no representation, express or implied, with respect to the nature of the legal relationship of any embryos created or any child(ren) born as a result of the use of donated eggs. I/we understand that I/we should consult with legal counsel in this regard.

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I/we acknowledge that this form has been explained and I/we understand its contents. I/we understand that this consent is valid for one (1) year from the date of signing and that I/we will complete a targeted consent form with each cycle. I/we have had the opportunity to ask questions which have been answered to my/our satisfaction.

Time: _____ A.M./P.M. Date: _____ Signature: _____
Recipent

Time: _____ A.M./P.M. Date: _____ Signature: _____
Partner, if applicable

Provider's Acknowledgement:

I confirm that consent, as described above, has been given by this patient (and partner, if applicable).

Time: _____ A.M./P.M. Date: _____ Signature: _____
(Provider)

Print Name: _____
(Provider)

Interpreter's Acknowledgement (if applicable):

I confirm that consent as described above, has been given by this patient (and partner, if applicable).

Time: _____ A.M./P.M. Date: _____ Signature: _____
(Interpreter)

Print Name: _____
(Interpreter)

For Partner's Signature when not signed at WIFC

STATE OF _____
COUNTY OF _____

Then personally appeared before me the above named _____, and being duly sworn under the penalty of perjury acknowledged the foregoing to be his/her free act and deed this _____ day of _____, 20____.

NOTARY PUBLIC: _____
MY COMMISSION EXPIRES: _____