We have been told by members of CHR that our infertility may be treatable by IVF. The member of CHR, who participate in the IVF process, including physicians, coordinators, nurses and embryologists, are known as the IVF-team. By signing this consent we agree herby that the IVF team provides services to us within the framework of one or more IVF cycles.

DESCRIPTION AND EXPLANATION OF IVF PROGRAM

The IVF program includes, amongst others, the following steps and procedures:

1.) The determination, through standard infertility testing, that we are, indeed, suitable candidates for IVF. Such testing may include, though is not limited to, ultrasound examinations, blood tests, x-rays and semen tests.

2.) The use of fertility enhancing medications to produce more than the usual one oocyte (egg), which is generated in a natural cycle. Such drugs may include clomiphene citrate (oral medication) or gonadotropins (injectable medications), which come by different names and from different manufacturers.

3.) Other injectable medications that may be used in combination with above listed drugs include so-called gonadotropin releasing hormone agonists and antagonists, which, again, are manufactured, under different names, by different pharmaceutical companies, and are used to prevent premature ovulation.

4.) Human chorionic gonadotropins, a drug injected to induce ovulation.

5.) A variety of other, mostly orally and intravaginally administered medications, such as progesterone (Prometrium) and estradiol (either as vaginal or oral pills or as skin patches), but also some additional injected medications, such a progesterone, which is given to support the luteal phase of the cycle and in support of a potential early pregnancy.

6.) Treatment with antibiotics and glucosteroids to prevent infections and immune problems, respectively.

7.) Treatment with aspirin to improve blood perfusion of pelvic organs and, in pregnancy, of the placenta.

8.) Multiple ultrasound examinations, all performed using a vaginal probe, to monitor follicular growth and endometrial thickness.

9.) Multiple blood tests to monitor the hormonal status in parallel to ultrasounds.

10.) The oocyte (egg) retrieval: In this procedure eggs are retrieved from the ovaries with a long needle, which is inserted, under ultrasound control, into the ovaries through the vagina. For this procedure most patients are asleep through an intravenously administered sedation, given by an anesthesiologist.

11.) Where applicable, collection by masturbation, and preparation of semen sample for insemination of oocytes (eggs).

12.) Fertilization of oocytes by sperm, either spontaneously or, where indicated, through a procedure, called intracytoplasmic sperm injection (ICSI).

13.) Once eggs have been fertilized, they are observed as they develop into so-called pre-embryos and start dividing into multiple cell-embryos.

14.) Once judged suitable for transfer into the female uterus, embryos are transferred into the cavity of the uterus in a procedure called embryo transfer. During embryo transfer a catheter, containing the embryos, is inserted through the cervix of the uterus into the uterine cavity where the embryos are released. This procedure does not require anesthesia of any kind and is painless.

15.) Shortly, before embryo transfer, when clinically indicated, a procedure, called assisted zona
hatching (AZH) may be performed on the embryos by the embryologists. In this procedure, a small hole is made in the capsule, surrounding the embryo, which facilitates the hatching of this embryo out the capsule, once transferred into the uterus.

16.) On occasion, a procedure is added to routine IVF, which is called preimplantation genetic diagnosis (PGD). In PGD, embryos, usually when they have reached 6-8 cell stage, are biopsied; one cell (called a blastomere) is removed and genetically investigated.

17.) After embryo transfer, a number of blood samples and ultrasound examination may become necessary to establish whether pregnancy has occurred and/or reassure proper growth of an established pregnancy.

18.) After embryo transfer, a number of medications may have to be taken to support the luteal phase of the cycle and a possible early pregnancy.

19.) Excessive embryos will, with patient consent, be cryopreserved.

RISK AND REASONS FOR POTENTIALLY ADVERSE RESULTS/OUTCOMES

We have been advised that IVF does neither guarantee the establishment of pregnancy, nor, in case a pregnancy is establishment of a normal pregnancy. Indeed, recent investigations suggest that the prevalence of congenital abnormalities in offspring, after IVF, may be increased. Moreover, pregnancies after IVF experience a higher complication rate than spontaneously conceived pregnancies in practically all parameters. The chance of establishing pregnancy through IVF varies greatly, based on female age and many other clinical parameters. By signing this consent, we confirm that our expected chances have been discussed with us in detail and that all of our questions, in regards, to our pregnancy chances with IVF, have been fully, and to our satisfaction, answered. We have also been informed that the practice of medicine in the field of IVF is not an exact science and that no guarantees, whatsoever, can be, therefore, made as to the outcome of the procedure. Sometimes complex, and still unknown factors, may limit outcome chances after IVF.

The following risk factors have been, amongst others, explained to us and we have been given opportunity to inquire in detail about all of them:

1.) The injection of fertility enhancing medications may lead to redness, swelling, pain and allergic reactions, which, in turn, can lead to anaphylactic shock.

2.) Blood drawing may lead to bleeding, hematoma formation or infections.

3.) The response of the ovaries to fertility enhancing drugs may be inadequate, leading to inadequate follicular development and cancellation of the IVF cycle.

4.) The response to fertility enhancing medications may be too strong, leading to a condition known as the ovarian hyperstimulation syndrome (OHSS), which in turn can lead to cycle cancellation.

5.) OHSS can lead to pain, abdominal distention, difficulty breathing, fluid in abdomen and lungs, and in its most extreme form, to a life threatening condition, which may require intensive hospital care.

6.) The oocyte (egg) retrieval may result in no eggs retrieved. There are many explanations for such an occurrence, even in the presence of multiple follicles prior to retrieval.

7.) Spontaneous ovulation may occur prior to egg retrieval, requiring cycle cancellation.

8.) The oocytes (eggs) obtained may not be mature, or too mature, resulting in no viable oocytes.

9.) Oocyte (egg) retrieval may lead to infection or bleeding. Such complications may require prolonged treatment and/or hospitalization and may require a delay in embryo transfer and, therefore, the freezing of all embryos.

10.) The male partner may not be able to produce sperm on the day of egg retrieval, or may not produce an adequate semen sample in terms of quality, preventing the timely fertilization of eggs. This can be potentially prevented by pre-freezing the partner's sperm if his ability to produce sperm in a timed fashion is at question or if his semen quality has been poor, or by having a donated semen sample, procured from a sperm bank, available for back-up.

11.) Fertilization of oocytes may not take place at all, or occur in abnormal fashion, resulting in no embryos being available for embryo transfer.

12.) Once fertilized, the subsequent embryo development may be abnormal, resulting in no embryo for embryo transfer.

13.) Embryo transfer into the uterus may be more difficult than expected, or turn our to be outright impossible,
14.) Embryos, successfully transferred into the uterus, will in a majority of cases, not implant and not lead to pregnancy.
15.) The administration of progesterone, after embryo transfer, may make patients erroneously "feel pregnant." It may also make them feel bloated, nauseated, depressed, show increased appetite and weight gain, fatigued, headache and cause difficulty sleeping.
16.) If pregnancy occurs, the pregnancy may be abnormal; It may lead to miscarriage, a so-called ectopic (or tubal) pregnancy or may result in the delivery of a stillborn or the live birth of an abnormal pregnancy with either chromosomal abnormalities or congenital birth defects.
17.) Psychological stress may result in anxiety and disappointments.
18.) IVF requires a considerable time commitment.
19.) The CHR prescribes only medications which are approved by the Food and Drug Administration (FDA) and cannot be held responsible for any recalls of any such medications.
20.) While fertility enhancing drugs have been used for decades, the long-term effects of some medications may not be fully known.
21.) While over one million IVF children have been born world-wide, the full effects of IVF on IVF patients, and their offspring, may not be fully known yet.
22.) Every IVF cycle is subject to equipment failure, human errors and other unforeseen circumstances, which may result in loss, or damage, of sperm, oocytes (eggs) and/or embryos.
23.) Technical circumstances, such as equipment failures or unexpectedly absent staff, may necessitate IVF cycle cancellations.

AGREEMENT AND CONSENT
If the IVF team, in the exercise of reasonable medical judgment, determines that sperm, eggs or embryos are not viable, or otherwise medically non-suited for medical use in IVF-related procedures, CHR will dispose of sperm, eggs and embryos in accordance with accepted ethical guidelines. We have been informed that ICSI and AZH (for explanation of abbreviations, see above) are specialized procedures that may be indicated, based on last minute findings. The IVF team is authorized to apply ICSI and AZH without a specific prior consent for these additional procedures, if the need of the procure(s) was unforeseen and clinical circumstances, based on the best clinical judgment of the IVF team, suggest a benefit from the performance of the procedure(s). In cases where the need of ICSI and/or AZH is predetermined, specific consents are to be obtained in advance.

ICSI, a micromanipulation procedure, is employed when previous IVF cycles demonstrated poor, or no, fertilization or when semen parameters were abnormal. The procedure involves the microsurgical injection of a single sperm into an oocyte (egg). The long-term effects of ICSI are not yet fully understood. Recent reports have suggested that ICSI may be in general associated with a mild increase in congenital abnormalities in offspring, and especially in those involving the urogenital tract, and more so in males than females. There is also evidence that ICSI may transmit certain genetic defects in males, called Y-chromosome deletions, to their male offspring, which may make those offspring, later in life, infertile, as well. The procedure is, however, practiced world-wide and hundreds of thousands of children have been born as a result of the procedure. The procedure can also lead to the following technical mishaps, which may adversely affect an IVF cycle: damage to the oocyte (egg); breakage of the oocyte (egg); failure to isolate sperm cells. The use of ICSI also does not completely eliminate the possibility of fertilization failure, though it reduces such a possibility considerably.

AZH is employed just prior to embryo transfer. It is a micromanipulation procedure in which small holes are made in the outer capsule of the embryo (called, zona pellucida) to improve the embryo's chance of hatching out of its shell and implanting in the uterine wall. The procedure is in principle indicated in women above age 40, in women with premature aging ovaries, with poor quality embryos, and with prior implantation failures. AZH has been statistically associated with an increased risk of identical twinning and, possibly, conjoined twins. The procedure is, however, utilized world wide and, though hundreds of thousands of children have been born, following AZH, long term effects may not yet be fully known. The procedure can also lead to damage to the embryo which may prevent its subsequent transfer. In most cases medical history and the results of pre-testing, prior to IVF, will suggest whether ICSI and AZH will be needed during the IVF cycle. However, in rare instances, only findings, observed during the IVF cycle, will allow for such a conclusion to be reached. Should, as discussed above, under such circumstances either ICSI, or AZH, have to be performed without prior written consent, we will still be financially responsible for these additional procedures, which carry charges separate from the routine IVF
cycle. We will be responsible for these additional costs, independent of insurance coverage and independent of the fact whether this IVF cycle will lead to pregnancy or not.

Female Initials: ____________ Male Initials: ______________  Date: ______________

We decline the use of all micromanipulation techniques, inclusive of ICSI and AZH.

Female Initials: ____________ Male Initials: ______________  Date: ______________

FINANCIAL CONDITIONS:
We agree to disclose such financial information, as is required to determine our financial status and ability to pay for all IVF-related procedures. We understand that delinquent accounts may be referred to an attorney or collection agency and agree to pay all reasonable attorney fees and collection costs, as well as other costs, related to the collection of delinquent accounts. We reaffirm that, independent of insurance circumstances; we are ultimately the financially responsible party for all of our delinquent accounts.

GENERAL TERMS:
1.) We acknowledge the parentage of any child born to us through the IVF program at CHR.
2.) We voluntarily participate in CHR's IVF program in the hope of having a child with the use of this technique. By participating in this IVF program, we accept the responsibilities, conditions and risks, which have been described to us in detail by members of the IVF team as associated with the IVF process. We also have received detailed explanations about the various techniques that will be utilized during the IVF process and agree to their use in our cycle.
3.) By participating in the IVF program, we understand that, at times, alternative treatment methods may be available, while at other times IVF may represent the only option. We confirm that, where applicable, alternatives were discussed with us and that we, after having been presented with the risks and benefits of alternative choices, have chosen to proceed with IVF. We have made this choice, recognizing that, undergoing IVF, will mandate that the woman receives sedation for the egg retrieval procedure, given by an anesthesiologist. This anesthesiologist is not an employee of CHR and serves as an independent contractor. All payments for anesthesia services are, therefore, to be made to the anesthesiologist directly. CHR derives no financial benefits from the fees paid for anesthesia services. Our participation in the IVF program is also based on the full recognition that neither the practice of infertility care, nor of anesthesia, are exact sciences and that, therefore, no promises and/or guarantees can be made about outcomes.
4.) We acknowledge that our acceptance and continuous participation in the IVF program is at the clinical discretion of the IVF team. We, however, have the choice to withdraw from treatment at any time, without affecting our future standing in the program.
5.) We have been given a detailed description of all costs, as they relate to all aspects of the IVF cycle, and are financially in a position to participate in the program. We acknowledge our ultimate financial responsibility for all costs that relate to the IVF process, inclusive of laboratory testing and medical professional fees.
6.) We fully understand the reasons for adverse results and all risks related to the IVF procedure. We were given the opportunity to ask all questions we had in regards to risks and adverse outcome results.
7.) We acknowledge that we have read this consent and have been given the opportunity to ask questions in regards to this consent, which, all, were answered by CHR staff.
8.) It is possible that participation in the IVF program may add in the development of new techniques and/or treatment protocols for infertility patients. Therefore, we consent to the taking and publication of photographs and/or audiovisual tapings of laboratory procedures, involving our participation, for the purpose of advancing medical education and/or research, provided our identity is not disclosed and not apparent from the materials. We also consent to the admittance of other physicians and health care personnel for observation during the performance of medical procedures.
9.) All information obtained during our IVF cycle will be handled confidentially and neither our identity, nor specific medical detail, will be revealed without our special consent. We understand
that we will receive no compensation for our participation in such educational and/or research efforts.

10.) Federal regulations require that all IVF programs report cycle-specific data to the Centers for Disease Control (CDC). In addition, the Society for Assisted Reproductive Technologies (SART) also collects such national data. CHR may, therefore, have to contact you, after you have transferred out of the care of CHR, to collect information on the outcome of your IVF cycle. All data we submit to CDC and SART is fully protected under the Federal Privacy Act and will, therefore, remain confidential. You, however, have the right to instruct us to withhold personal identities. Please initial below only IF you wish us to withhold personal identities.

Female’s Initials: ______________ Partner Initials: ______________ Date: ______________

DISCLAIMER:
Should any physical injuries occur as a result of participating in CHR’s IVF program, there will be affiliated medical facilities available for all necessary treatments. CHR and/or any of its employees will, however, not be responsible for any expenses incurred as a consequence of such injuries, nor will CHR, an/or any of its employees, be responsible for any financial compensation for such injuries.

CONFIRMATION OF RECEIPT:
We confirm receipt of a copy of this consent, which we have signed after all of our questions have been answered by CHR staff

SIGNATURES

Date ___________________________ Signature of Female ___________________________ Female’s Name (print)

Date ___________________________ Signature of Partner ___________________________ Partner’s Name (print)

As A member of the CHR, by signature I indicate that this consent was read, discussed and signed in my presence

Date ___________________________ Signature of Witness ___________________________ Witness Name (print)

NOTE:
IF YOU OR YOUR PARTNER ARE UNABLE TO HAVE THIS CONSENT WITNESSED BY A STAFF MEMBER AT CHR OR FULLY UNDERSTAND THE CONSENT, PLEASE NOTIFY A CHR STAFF MEMBER. WE WILL PROVIDE YOU WITH FURTHER INFORMATION AND/OR WITNESS. IF YOU WISH TO SIGN THE CONSENT OUTSIDE OF CHR, YOU HAVE TO GET THE CONSENT NOTARIZED WHEN YOU SIGN IT.

State of _______, county of _______ ss., I, the undersigned Notary Public do hereby certify that

_________________________ and ___________________________ have signed this consent in my presence.

Female’s Name ___________________________ Partner Name ___________________________

_________________________________ (Notary Seal)

Notary Public – Name

_________________________________ Date

Notary Public – Signature