

Assisted Reproductive Procedures Consent Form
Ovarian Stimulation, Use of Donated Sperm, Intrauterine Insemination (IUI)

The patient _____ and partner _____ consent to medical treatment through assisted reproductive procedure(s) as outlined below:

Procedures:

1. Diagnostic tests, such as semen analysis, blood tests to determine baseline hormone levels, PAP test, vaginal cultures and ultrasound examination of the ovary to determine baseline follicle count may be performed prior to initiating treatment.
2. Oral contraceptive pills containing estrogen and progesterone will be taken in the menstrual cycle immediately prior to the intrauterine insemination (IUI) treatment cycle to induce a baseline state for the ovaries. A synthetic hormone medication called Lupron will be taken by subcutaneous injection to temporarily suppress the pituitary gland from stimulating the ovaries. Medications containing ovarian stimulating hormones (FSH, LH, hCG) will be taken by subcutaneous injection to stimulate the growth of several ovarian follicles containing eggs.
3. Periodic blood tests will be performed to monitor the changes in hormone levels related to the growth of the ovarian follicles that contain the egg(s). Blood samples will be kept for approximately one week and then discarded.
4. Ultrasound examinations will be used to monitor the growth of the ovarian follicles and to determine when the follicles reach maturity. Ultrasonography is a diagnostic procedure that uses sound waves to provide a picture of the ovaries. Upon reaching maturity, a medication containing the hormone hCG will be taken by subcutaneous injection to induce the final maturation and ovulation of the eggs.
5. An anonymous donor will be selected from a sperm bank by the patient. Two vials of frozen IUI-ready sperm will be purchased by the patient and shipped to North Hudson IVF Center at the patient's expense. The sperm will be stored at North Hudson IVF Center in a frozen state until they are thawed for use in a treatment cycle. Usually, one vial of frozen sperm is thawed per insemination. The second vial would be thawed and used only if the first vial does not contain enough viable sperm to achieve a pregnancy. If the second vial is not needed, it will be stored in a frozen state at North Hudson IVF Center until the patient instructs otherwise.
6. The thawed sperm will be drawn up into a small plastic tube (catheter). The catheter will be passed through the cervix into the uterus and the sperm will be deposited in the uterine cavity.
7. Progesterone supplements, in the form of vaginal suppositories, may be used in the early stages of pregnancy to maintain and promote the continuation of the pregnancy.
8. A blood sample will be taken approximately 7 days after the insemination to assess the progesterone level and make sure it is adequate to support a pregnancy. A blood sample will be taken approximately 14 days after insemination to determine whether pregnancy has occurred and is proceeding normally.
9. If a pregnancy is initiated, twice-weekly blood tests and weekly ultrasound examinations will be performed to monitor the ongoing pregnancy. The patient is transferred to the care of an obstetrician at 12 weeks of pregnancy.

Risks:

The potential risk or discomforts of intrauterine insemination and related procedures include, but are not limited to the following:

1. Blood Sampling - Frequent blood sampling can cause discomfort and bruising at the site of venipuncture.
2. Ultrasound Examination - There are currently no known risks associated with ultrasound examination of the ovaries.
3. Use of Sperm from an Anonymous Donor – If the sperm is purchased from an accredited sperm bank, the donor was screened for known hereditary and infectious diseases including hepatitis and HIV. At the present time, there does not appear to be any specific risks associated with the use of sperm from an anonymous donor.
4. Medications – Several medications are used before and during the ovarian stimulation and to maintain an ongoing pregnancy. Any medication can cause side effects and the medications associated with infertility treatment are no exception. However, major side effects are very rare.

Oral Contraceptive Pills (Desogen, etc.)

This medication is a low dose estrogen/progesterone pill taken during menstrual cycle prior to initiating ovarian stimulation in order to induce a quiescent, baseline hormonal state and to prevent the development of ovarian cysts. The potential risks associated with long term exposure to oral contraceptive pills include, but are not limited to, the following: development of blood clots, heart attack, stroke, gall bladder disease and very rarely, liver tumors. Since exposure to this medication will be brief (21 days), the potential risks are very low. Side effects may include vaginal bleeding, fluid retention, spotty darkening of the skin, nausea and vomiting, change in appetite, headache, nervousness, depression, dizziness, loss of scalp hair, rash and vaginal infections.

Leuprolide Acetate (Lupron for subcutaneous injection)

This medication is a synthetic hormone that temporarily stops the body from producing other hormones that stimulate the ovaries. When the medication is stopped, hormone levels will return to normal. This medication may cause side effects that include, but are not limited to: nausea, vomiting, hot flashes, night sweats, bone pain, swelling of feet and ankles, headache or difficulty urinating. These symptoms usually disappear as the body adjusts to the medication.

Menotropins (Pergonal, Gonal F, Follistim, Repronex, etc., for subcutaneous injection)

These medications (follicle stimulating hormone and luteinizing hormone) are used to stimulate the growth of ovarian follicles and induce ovulation. These medications may cause side effects that include, but are not limited to: fever, breathing trouble, bloating, stomach pain or upset, enlarged ovaries, irritation at the site of injection and/or skin rash. These symptoms usually regress without treatment in two to three weeks after egg retrieval. Ovarian Hyperstimulation Syndrome (OHHS) is distinct from enlarged ovaries and is characterized by an increase in vascular permeability that results in the rapid accumulation of fluid in the peritoneal cavity, thorax and potentially, the pericardium. Early symptoms of OHHS include severe pelvic pain, severe bloating, nausea, vomiting and rapid weight gain. OHHS occurs in 0.4 – 1.3% of women taking menotropins. Any patient experiencing symptoms of OHHS should immediately contact Jane Miller, M.D. at 201-907-3577.

Chorionic Gonadotropins (hCG, Profasi, Pregnyl, etc. for subcutaneous injection)

This medication (hormone) is used to induce the final maturation of the eggs and ovulation. This medication may cause side effects that include, but are not limited to: headache, stomach pain, irritability, restlessness, mood changes, fatigue, acne and pain or irritation at the injection site.

Progesterone (vaginal suppositories)

This medication (progesterone hormone) is used to maintain the appropriate hormonal balance after the egg retrieval to maximize the possibility of implantation and continued pregnancy. This medication can cause side effects including, but not limited to, the following: nausea, headache, depression, itching, increased hair growth, increased sensitivity to sunlight, changes in menstrual flow, increased vaginal secretions, breast tenderness, fluid retention and pain or irritation at the injection site.

5. Intrauterine insemination - The intrauterine insemination is a non-surgical procedure that carries the slight risk of infection. The intrauterine insemination procedure is usually painless or only causes minimal discomfort. The procedure usually takes approximately ten minutes to complete.
6. Multiple Gestations – Because multiple eggs are ovulated and more than one egg may fertilize following intrauterine insemination, multiple gestations (twins, triplets or more) may result. This may increase the risk of premature delivery and other maternal complications and increase financial and emotional cost. Pre-term delivery may also result in complications to the offspring including long-term disabilities or death. Selective Fetal Reduction (the termination of growth of one or more fetuses) is an available alternative, with its own attendant risks and benefits
7. Pregnancy - If pregnancy is successfully established, there is still a possibility of miscarriage, ectopic (tubal) pregnancy, stillbirth and/or congenital abnormalities (birth defects). At this time, the risk of the development of an abnormal fetus is not believed to be greater than in a naturally conceived pregnancy. In the event that any serious abnormality is discovered, the various alternative courses of action, including elective termination of pregnancy, will be outlined and discussed, with the final decision on the course of action residing with the patient. The program's statistical experience in achieving pregnancies has been explained. There is no guarantee that this procedure will result in a successful pregnancy.
8. Psychological Stress – Infertility treatment is an emotionally difficult process to go through. The relative uncertainty of treatment outcome can result in considerable anxiety. Counseling is available for those couples who feel they would benefit from talking with a professional trained in the specific issues associated with infertility.

Consent

1. I / We understand that certain diagnostic tests such as semen analysis, blood tests, and ultrasound examination of the ovaries may be performed in preparation for an intrauterine insemination procedure at North Hudson IVF Center and that these tests carry associated risks. I / We certify these risks have been explained to me/us and I / We hereby consent to participate in these diagnostic tests.
2. I / We understand that certain therapeutic procedures such as intrauterine insemination with donated sperm will be performed in conjunction with my treatment at North Hudson IVF Center and that these procedures carry associated risks. I certify that these risks have been explained to me/us and I / We hereby consent to participate in these procedures.
3. I / We understand that multiple eggs will be ovulated and sperm from an anonymous donor will be introduced into the uterus to achieve fertilization. If multiple eggs fertilize, and if the embryos develop appropriately, more than one embryo may implant in my uterus. I / We understand that there is a significant risk of high order multiple gestation (triplets, quadruplets and more) associated with intrauterine insemination. I / We hereby certify that the risks associated with these procedures have been explained to me/us and that I / We hereby consent to participate in these procedures as part my/our treatment at North Hudson IVF Center.

4. I / We understand that the reasonably known risks and consequences associated with intrauterine insemination include a slight chance of infection. After the insemination, blood tests will be required to monitor hormone levels and to determine if pregnancy has occurred. In addition, if pregnancy does result; additional blood tests and ultrasound examinations will be required to monitor the ongoing pregnancy. I / We understand that as with any pregnancy, there is a risk of complication during the pregnancy and childbirth. These include, but are not limited to the following:
- ectopic (tubal) pregnancy
 - multiple gestation
 - infection
 - hemorrhage
 - cesarean section
 - all of the customary risks associated with carrying a child and giving birth

5. I/We understand that there is an unavoidable risk of multiple gestations associated with ovarian stimulation and intrauterine insemination. I/We have been informed about the procedure known as Selective Fetal Reduction as an alternative to allowing high order multiple gestations (triplet, quadruplets, etc.) continue. In the event I become pregnant with high order multiple gestations:

Please indicate your answer by checking the corresponding box

I/We DO NOT have moral, ethical, religious or personal objections to having Selective Fetal Reduction.

I/We DO have moral, ethical, religious or personal objections to having Selective Fetal Reduction and would elect NOT to have this procedure in the event of high order multiple gestations, even if continuation of such a pregnancy could jeopardize both maternal and fetal health.

6. I / We understand that if a pregnancy occurs, it is important to obtain appropriate prenatal medical care and I / We agree to do so. I / We understand that my/our failure to obtain such care may adversely affect the pregnancy and / or the fetus and agree to seek appropriate prenatal care.
7. I / We understand that that there is no guarantee that I will become pregnant as a result of the intrauterine insemination procedure at North Hudson IVF Center. Any of the following conditions may occur which would prevent the establishment of pregnancy:
- The response to the ovary stimulating medications may be poor and the insemination may be cancelled
 - The egg(s) may not be mature or of sufficient quality to fertilize.
 - In some cases, the partner may be unable to supply a semen specimen.
 - Fertilization may not occur.
 - The embryo(s) may not develop normally.
 - Implantation of the embryo(s) into the wall of the uterus may not occur.
8. I / We understand that I / We am/are free to discontinue participation in the intrauterine insemination program at North Hudson IVF Center at any time, by informing the staff either verbally or in writing. I / We understand that my/our decision to discontinue participation will in no way prejudice other treatment that I / We may receive from the staff at North Hudson IVF Center.
9. I / We understand that should the results of my treatment or any aspect of it be published in medical or scientific journals, all possible precautions will be taken to protect my/our anonymity. I /

We grant permission to North Hudson IVF Center to publish information relating to my case in professional journals, providing that my name is not used.

- 10. I / We understand and acknowledge that the staff at North Hudson IVF has not undertaken hereby, or in any other document or oral communication, to advise me of my legal rights, now existing or hereafter arising, and specifically disclaim any responsibility to do so. I understand that North Hudson IVF Center recommends that I consult legal counsel so as to be fully informed of my legal rights and obligations, but if I elect not to do so, such election is hereby acknowledged to have been determined without reliance upon statements, oral or written of North Hudson IVF Center.
- 11. I / We confirm that the exact nature of intrauterine insemination and associated procedures have been explained to me/us, together with the known risks of the procedures. I / We understand the explanation that has been given and have had the opportunity to ask any questions and to have these questions answered. Any future questions we have may be addressed to the staff of North Hudson IVF Center. I / We acknowledge that these procedures are being performed at our request and with our consent.

Signature of Patient

Signature of Partner

Print Name and Date

Print Name and Date

I have explained the procedure(s) to the patient and her husband/intimate partner including the risks, benefits and alternatives. All questions concerning the procedure(s) have been answered.

Signature of Physician

Print Name and Title

Date