

**THE FERTILITY CENTER, LLC
CONSENT FORM
EMBRYO TRANSFER**

PURPOSE



By signing this document, I give permission to the physicians of The Fertility Center, LLC to perform an embryo transfer procedure in order to place my IVF embryo(s) into my uterus in hopes of achieving a pregnancy. This document confirms that I have been previously advised about the procedure, the risks, complications and alternatives. My signature at the conclusion of this document certifies that I have been provided information about IVF treatment and the embryo transfer including how the procedure is performed, its risks, complications and alternatives. My signature further certifies that I have discussed treatment including this embryo transfer with the IVF team and that I have received satisfactory answers thereto. Finally, my signature certifies that I have read this document in its entirety.

_____ and _____
(Female Partner) (Male Partner)

1. I hereby request and authorize The Fertility Center, LLC physicians: Dr. Robert Filer and Dr. Richard Meter, their assistants and/or designees to transfer an appropriate number of viable embryos into my uterine cavity (embryo replacement or embryo transfer). During this procedure, a catheter is passed through the cervical canal leading into the uterine cavity. Once the tip of the catheter is inside the cavity, a syringe attached to the end of the catheter is used to deposit the embryos, contained in a drop of culture medium, into the cavity. The procedure is performed under transabdominal ultrasound guidance with a full bladder. If any embryos remain in the catheter, the procedure will be repeated.
2. I am aware of how the procedure is performed, its purpose, risks, complications and alternatives.
3. I am aware that the risks of this procedure include but are not limited to:
 - There may be sensations felt in the uterine and cervical area during and immediately after the procedure.
 - There may be cramping, spotting or bleeding during or following the procedure.

- There is a risk of infection which could lead to scarring of the uterine cavity which may require correction by surgery.
 - There may be a perforation of the uterine wall by the catheter which may require correction by surgery.
 - There may be difficulty in negotiating the cervical canal which may necessitate the use of a tenaculum (instrument to hold the cervix) and/or the use of local anesthesia.
 - There is a risk of ectopic pregnancy (pregnancy outside of the uterus, most commonly in the fallopian tube), which may require surgery and/or which may result in loss of the fallopian tube.
 - The procedure may be unsuccessful or the embryos may be lost from the catheter.
 - A multiple gestation may occur which may present and/or exacerbate risks to the mother and fetuses. In fact, the risk of multiple pregnancies can be greater than twenty five percent (25%). With any pregnancy, single or multiple, complications may ensue during the prenatal period, labor and delivery or postpartum period to either the mother or fetus(es). In the case of a multiple gestation, risks to mother and fetus during one or all of these periods may be increased. Regardless of the manner of conception, risks to the mother include increased risk of pregnancy loss, premature labor, gestational diabetes, hypertension, preeclampsia, exacerbation of existing medical diseases, increased risk of birth injuries and Caesarean section. Risks to the fetus include prematurity, low birth weight, umbilical cord injury/accident, birth trauma, death, injury to limbs, chromosomal abnormality, and lower I.Q. from maldevelopment.
4. I am aware that the practice of medicine and surgery is not an exact science and results cannot be anticipated or guaranteed. I acknowledge that no guarantees have been made to me concerning the results of the procedure and/or whether it will occur without complication.
5. In giving my authorization for this procedure, I am aware that I am authorizing Dr. Robert Filer or Dr. Richard Meter, or any one of their associates, assistants or designees to perform this procedure upon me.

6. I am aware that during the course of the procedure, unforeseen conditions may be revealed necessitating change or extension of the original procedure, or an additional and/or different procedure(s). I authorize, consent to, and request that Dr. Robert Filer or Dr. Richard Meter, or any one of their associates, assistants or designees perform such change, extension, and additional and/or different procedure as are necessary in the reasonable extension of professional judgment.
7. I certify that The Fertility Center, LLC has provided me with information about IVF treatment and this procedure which I have read.
8. I certify that I have read and fully understand this consent statement.
9. I certify that I have discussed this procedure with the IVF team members and that all of my questions regarding this procedure have been answered to my satisfaction.
10. I agree not to revoke, limit or alter this consent except in writing signed by me and delivered to my primary physician prior to the commencement of the procedures described herein. I understand that I am free to withdraw any portion of my consent at any time prior to this procedure.

(Female Partner)

(Date)

(Male Partner)

(Date)

(Witness)

(Date)