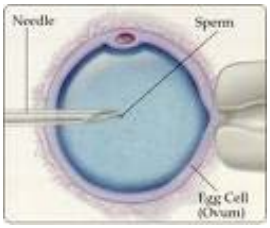
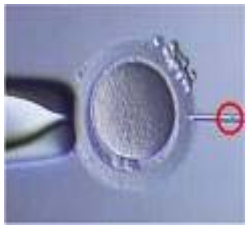
THE FERTILITY CENTER, LLC
CONSENT FORM
INTRACYTOPLASMIC SPERM INJECTION (ICSI)

PURPOSE

Intracytoplasmic Sperm Injection (ICSI) is a technique used to enhance fertilization of eggs during the In Vitro Fertilization (IVF) process. Standard IVF removes eggs from a woman's ovaries and places them in a glass dish along with the partner's sperm. The sperm are allowed to fertilize the eggs on their own. Embryos are then placed back into the woman's uterus for implantation. ICSI allows for the placement of a single sperm directly into the center (cytoplasm) of the egg using a microscope and other equipment to hold and move the egg and to hold and inject the sperm. One advantage of this technique is that it needs only a single sperm to fertilize an egg. It is useful in cases of previously low fertilization with standard IVF or where there is a significant male factor. In these situations, ICSI allows for a much higher fertilization as compared to standard IVF.





ICSI may help the following couples:

1. Males with low numbers of sperm, low morphology/abnormally shaped sperm, or no sperm in ejaculate.
2. Males with low motility of sperm.
3. Males whose sperm have failed to fertilize eggs in prior IVF attempts.
4. Males with normal sperm counts, but with the presence of sperm antibodies.
5. Females without a normal egg coating (zona pellucida), which can prevent sperm from binding to the egg.
6. Females whose eggs have failed to fertilize during the first 24 hours after an IVF attempt (rescue ICSI)
7. Sperm obtained from testicular biopsy, vas aspiration, etc.
8. Limited amounts of available frozen sperm.

BACKGROUND AND BENEFITS

During fertilization in vivo (within the body), sperm must pass through the female reproductive tract and cross the many cell layers (cumulus cells) around the egg. The genetic material of the egg and sperm combine to form a fertilized egg or zygote. Then the zygote divides to form the early pre-implanted embryo. Simple IVF assists the first steps of the fertilization process by placing large numbers of moving sperm near the egg in a culture dish. Fewer sperm are needed for IVF than for fertilization in vivo. So this technique is successful for many couples. IVF is not successful for couples with very low numbers of moving sperm or other forms of male factor infertility. For these couples, ICSI improves their chances of successful fertilization. Since a single sperm is placed directly into the center of an egg during the ICSI process, only one sperm is needed per egg. Problems with the sperm binding to the egg are also decreased. ICSI may be particularly helpful in cases where earlier efforts using IVF have failed to achieve fertilization of any eggs.

RISKS

ICSI bypasses many of the steps usually needed for fertilization. But there may also be some risks by using this method:

1. The egg could be mechanically injured when the sperm is injected into the egg using the ICSI technique. If the egg is injured, one of these events could occur: it may not fertilize; it may fertilize in a method that is not normal; it may divide in a way that is not normal; or, if the egg does implant, it may do so in a way that is not normal and therefore miscarry.

2. The many steps needed for fertilization in the body may help protect against abnormal fertilization. The ICSI technique cannot tell if an egg or sperm is normal. If an abnormal fertilization occurs, the odds of that embryo progressing to transfer may decrease, the odds of that embryo implanting may decrease, or if it does implant, the chance of miscarriage or of other health and genetic problems with the child may increase. ICSI has not been shown to increase birth defects.

3. Recently studies have shown that there may be an increased risk of genetic abnormalities in embryos where ICSI is used in severe male factor patients. These abnormalities have not been shown to be a result of ICSI. It is more probable that the risk is increased because without ICSI this group of patients would not have fathered a pregnancy. These genetic abnormalities can be passed on to the children conceived through the use of ICSI in such patients. Genetic testing is available. Please inquire about this.

4. Using ICSI does not guarantee egg fertilization.

ALTERNATIVES (Include but are not exhaustive)

There are other options to the use of ICSI. They include the following:

1. To repeat attempts at IVF or use other techniques with IVF.
2. To use donor sperm.
3. To decide to adopt a child or not have a child.

ACKNOWLEDGEMENTS

I / We _____ and _____

(Female Partner) (Male Partner)

Herein acknowledge that we have read and understand this document on Intracytoplasmic Sperm Injection (ICSI) in detail. We have discussed this procedure with the IVF team members and certify that all of our questions regarding this procedure have been answered to our satisfaction.

We acknowledge our desire to proceed with in vitro fertilization and herein also acknowledge our understanding of:

1. The process involved with ICSI.
2. Its indications and why ICSI is being considered as part of our clinical care.
3. The potential benefits and risks of ICSI (including the inability to currently assess the short-term and long-term risks of ICSI and that the risk beyond those risks discussed in this document may exist).
4. The alternatives available.
5. Having had the opportunity to ask questions and have those questions adequately answered with available information.

With these acknowledgments, we wish the IVF team at The Fertility Center to proceed with Intracytoplasmic Sperm Injection as part of our in vitro fertilization process as they may deem clinically appropriate using the male partner's sperm on some or all of the female partner's oocytes (or donor oocytes if and only if we have agreed upon their use by separate donor oocyte Informed Consent).

_____

(Female partner) (Date)

_____

(Male partner) (Date)

_____

(Witness) (Date)

Revised 2/18/2009