

**THE FERTILITY CENTER, LLC
IN VITRO FERTILIZATION (IVF) PROGRAM
PATIENT INFORMATION STATEMENT**

PURPOSE

This document contains general information about the IVF program offered by The Fertility Center, LLC. This method of treatment can be physically, emotionally and financially demanding, it is important that you understand the program before commencing. This is a general description, special circumstances may exist that change or alter the treatment program as described herein. While this document is comprehensive, it cannot be all inclusive as each patient is different and each patient's response to treatment varies. Please read this document carefully and completely. At its conclusion, and as a condition of your participation, both partners will be asked to certify that you have read this document and understand its contents. We want to be sure that you have asked the members of the IVF team all pertinent questions.

It is hoped that by undergoing an IVF cycle at The Fertility Center, LLC that you will achieve a viable intrauterine pregnancy. However, The Fertility Center, LLC cannot guarantee that your treatment will be successful or without complication.

TREATMENT APPROACH

The Fertility Center, LLC offers its IVF program from a team approach. The IVF team consists of the physicians (Dr. Robert Filer, M.D. and Dr. Richard Meter, M.D.), nurse practitioner (Michele Munch, CRNP), an IVF nurse, clinical staff, embryologists, and a nurse anesthetist. It is through the interaction of all of these team members that IVF treatment is possible. Much of your treatment may be delivered by IVF team members, but the physicians oversee your treatment.

Your treatment cycle will be coordinated by the nurse practitioner – Michele Munch, CRNP. During your treatment cycle(s) you will work with other IVF team members who will discuss your treatment plan. Prior to egg retrieval and embryo replacement there may be little or no direct contact between you and the physicians but they review your daily results and make the decisions about your treatment plan. This information is then communicated to you by the IVF team members. If at any time you would like to discuss your treatment with one of your providers, please feel free to request a consultation with them. At the conclusion of your cycle, you may schedule a cycle review with one of the providers to review your cycle in detail.

PHASES OF THE IVF PROCESS

There are five phases to the IVF treatment process. Each is discussed separately below.

I. SCREENING AND ACCEPTANCE

All IVF candidates undergo a comprehensive screening process.

The couple will schedule an IVF consultation with one of the providers who will conduct an interview. During this interview, you will be questioned regarding your medical history as well as any infertility evaluation and treatment you have received thus far. They will also discuss the medications you will be taking, the procedures you will be undergoing and the logistics of participating in the program. From this screening process, the IVF team will determine your acceptability.

The woman will undergo a physical examination which will include a pelvic examination. During this examination, specimens will be obtained to perform infectious disease screening. At a minimum, infectious disease screening will follow the guidelines set forth by the American Society for Reproductive Medicine including Rubella, Rubeola, Gonorrhea, Chlamydia antigen, Hepatitis B surface antigen, Hepatitis C, RPR (test for exposure to syphilis) and Human Immunodeficiency Virus (HIV). If other testing or disease screening is necessary due to circumstances particular to you, this screening will also be performed. The male will be required to provide blood specimens for Hepatitis B, Hepatitis C, RPR and HIV testing. In addition, a semen analysis will be ordered unless a normal one was performed within the last 6 months. It is important to note that there are limitations to technology and that despite adherence to protocol, contagious diseases may be transferred from one individual to another. The chances of this transmission occurring are low, but nonetheless, exist. You will be required to undergo infectious disease screening if any prior screening is more than one year old or if additional screening is indicated. All routine screening and any additional tests must be successfully completed prior to initiating treatment.

The Fertility Center, LLC cannot be responsible for any adverse psychological consequences which may result to you or your family as a result of your participation in the IVF program. A counselor is available upon request.

During this screening process, you will also have the opportunity to speak with our front office staff to discuss the cost of the program and timing of payments. You are encouraged to ask questions regarding your individual insurance plans. At your request, we can assist you in obtaining a determination from your insurance company regarding your coverage. In the event that your insurance does not cover your treatment, you are fully responsible for all the cycle fees. Be sure that you understand the fees **prior** to initiating treatment. We require that payment is made prior to the start of treatment if no insurance is guaranteed. If insurance guaranteed, deductible and copayment amounts will be collected prior to your cycle and additional cycles cannot be started until reimbursement is received. A financial contract will be signed before beginning each cycle.

When your screening results have been obtained, your case will be presented to the IVF Team for a determination as to your acceptability into the program. The IVF team may recommend additional evaluation and screening which must be completed prior to participation. If accepted, you may move onto the ovulation induction phase of treatment.

II. OVARIAN STIMULATION

Ovulation stimulation is the process of stimulating the ovaries to produce multiple follicles that contain eggs. Injectable fertility medications are required to stimulate such growth. You will be taught to use this medication by the IVF nurse. Your response to the medications will be closely monitored through ultrasound of the ovaries and serum hormone levels. This monitoring is time consuming to the patient and requires several office visits per week while on the medication.

In order to allow external control of the menstrual cycle, the normal cycle must be suppressed. To accomplish menstrual cycle suppression, birth control pills, Lupron, and/or Ganirelix, may be used. Once it is determined through blood work and ultrasound that your cycle is suppressed, you will begin follicle stimulating medications as directed by the physicians. These medications will stimulate ovarian function with the goal of multiple egg production. After the follicles are determined to be mature through ultrasound visualization and serum hormonal studies, you will be instructed to take human chorionic gonadotropin (hCG) which induces final egg maturation. The egg retrieval will be timed appropriately after this injection. A typical medication schedule is as follows:

Birth Control Pills: Birth control pills may be administered daily for several weeks as a pretreatment suppression of ovulation. The start date and length of time on birth control pills will be determined by the IVF team. Side effects of birth control pills can include spotting/bleeding, fluid retention, nausea, weight gain, and breast tenderness. Rare side effects include blood clots and pulmonary embolus. As with all medications, allergic reactions can occur.

Lupron: A common protocol requires Lupron to be administered once daily for approximately ten days beginning after ovulation in the menstrual cycle prior to the treatment cycle or while on birth control pills. The day on which each patient begins suppression varies and the length of time required to achieve suppression varies. While on Lupron, you will experience the expected menstrual period. At that time, you will be scheduled for baseline ultrasound and bloodwork. Lupron is administered by subcutaneous (under the skin) injection. You can administer the subcutaneous injection yourself. You will be taught how to administer the injection by one of the IVF nurses. The most common side effects of Lupron are hot flashes, headaches, insomnia or mood swings. These side effects usually occur only with extended use, and will dissipate once ovarian stimulation begins. As with any injection, you may experience: swelling, redness and slight pain at the injection sites, or in rare cases allergic reaction to the medication. Lupron can cause miscarriage if taken while pregnant. Therefore, we ask that you use contraception (e.g. condoms plus foam, diaphragm, etc.) during the cycle before you start Lupron.

Gonadotropins (e.g. Bravelle/Follistim/Gonal F/Menopur): After your menstrual cycle is suppressed, follicle stimulating injections begin. This course on injection last approximately 8 to 12 days. The dose and the combination of medications vary from patient to patient and are determined by the physicians. The dose and combinations of drugs may change during the cycle depending on your response. During the stimulation phase many patients continue taking Lupron.

While using follicle stimulating medications, you are required to have ultrasounds and bloodwork to monitor your progression. Typically, the ultrasound is performed transvaginally. However, in cases where visualization is impaired, transabdominal may be ultrasound will be used. Ultrasound and bloodwork appointments will be scheduled for you by an IVF team member when you are called with your plan.

Gonadotropins are administered subcutaneously. You may administer medications yourself or you may designate an individual who will be instructed in proper technique. In either case you will have a teaching appointment with the IVF nurse to learn how to use all medications.

Ganerelix: Some patients may be placed on Ganerelix instead of Lupron. Ganerelix prevents a premature release of luteinizing hormone before the follicles are mature. This medication is usually started when the largest follicles grows to about 14 mm in size and continues as a daily subcutaneous (under the skin) injection until the physicians determine your follicles are mature.

hCG (human chorionic gonadotropin) (e.g. Ovidrel/Pregnyl/Profasi): When the follicles are mature, you will be instructed to administer hCG. This determination is based on ultrasound results and bloodwork. The hCG induces final maturation of the eggs and controls ovulation for best timing of the egg retrieval. The timing of the hCG administration is critical. When you are instructed to administer hCG, **you must strictly follow the instructions given by the IVF team member.** The hCG is injected subcutaneously.

RISKS OF OVULATION STIMULATION

Risks and consequences exist with the use of ovulation stimulation medications.

First, despite adequate suppression of the menstrual cycle and appropriate stimulation with fertility medications, you may not achieve an adequate hormonal or ovarian response. In such circumstances the cycle will be cancelled and the egg retrieval will not take place. If this occurs, you will be required to wait for the effects of ovarian stimulation to subside before initiating another treatment cycle. Cancellation of a cycle is disappointing emotionally and financially. However, it is a consequence which cannot be predetermined and which may occur more than once.

Second, despite the medication, you may not produce any eggs at all or any eggs of sufficient quality to be fertilized. In such a case, embryo transfer will not occur.

Third, despite adequate suppression of the menstrual cycle, you may respond too quickly to the medication. This may place you at risk of ovarian hyperstimulation or prevent the follicles from maturing properly. In such cases, your stimulation may be stopped and the egg retrieval cancelled

Fourth, in less than five percent (5%) of cases, the ovaries become severely stimulated (severe ovarian hyperstimulation syndrome). During the stimulation phase of the cycle if it appears that you are at risk for developing ovarian hyperstimulation, your medication may be stopped and the cycle cancelled. Ovarian hyperstimulation is characterized by lower abdominal discomfort and/or fluid retention with subsequent weight gain due to the accumulation of fluid in the abdomen. This condition is reversible. The treatment requires bed rest, usually at home, but may require hospitalization. Treatment may also include draining fluid from the abdomen using ultrasound guidance. In rare circumstances, serious complications may occur. This condition may last from one to six weeks following the administration of hCG. Patients who achieve pregnancy following ovarian stimulation may be at an increased risk for ovarian hyperstimulation.

Fifth, controversial data exists which suggests an association between ovulation inducing agents and the risk of ovarian cancer. The studies to date are retroactive and contain major statistical flaws which compromise their conclusions. In our opinion, the data available is not sufficient to establish a correlation. We believe that the careful use of follicle stimulating medications is reasonable, especially considering that pregnancy and breast feeding reduce cancer risk. Additional information is available for you to more fully assess this potential risk.

Additionally, follicle stimulating medications may cause the ovaries to become temporarily enlarged and may result in the development of benign ovarian cysts. Rarely would such changes produce severe complications, i.e., twisting of the ovary, rupture of the ovary or fluid and electrolyte imbalances. However, if any of these symptoms occur, hospitalization may be required and, in rare cases, result in the removal of one or both ovaries.

To minimize risks or complication of follicle stimulating medications, you must refrain from strenuous exercise during the treatment cycle as indicated by the IVF team. Typically, this time period includes the week prior to and the week after the egg retrieval but may vary from patient to patient. If you have plans to engage in strenuous activity, you should discuss it with the IVF team.

III. EGG RETRIEVAL



When the follicles are mature you will be instructed to administer HCG at a specific time. HCG will induce final maturation of eggs. Your egg retrieval will be scheduled approximately 34 to 36 hours from the time of the HCG injection. Proper timing of the injection is critical to the success of the egg retrieval.

The egg retrieval is performed by transvaginal guided ultrasound. The vaginal ultrasound probe is a cylindrical device with an ultrasound transducer on the tip. The ultrasound probe contains a needle guide which allows the physician to introduce a needle through the vaginal wall into the ovary. This procedure is performed under sterile conditions in the IVF suite and requires the use of intravenous anesthesia and analgesia. A Certified Registered Nurse Anesthetist (CRNA) will provide your anesthesia. The egg retrieval lasts approximately thirty-sixty (30-60) minutes and is outlined as follows:

Upon arrival to the IVF suite, an intravenous line is started. Prior to beginning the egg retrieval, intravenous sedation is administered. A speculum is inserted into the vagina. The vagina is cleansed. The speculum is removed, and the vaginal probe is introduced into the vagina. The needle guide attached to the probe guides the needle through the vaginal wall, through the ovary and into the follicle(s). The needle is connected to a closed aspiration system. Follicular fluid is aspirated through sterile tubing and ending in a sterile collection tube. Several follicles can be aspirated into each tube.

Then the tube is passed to the embryologist for microscopic examination. The embryologist searches the fluid and moves the eggs to the incubator. Each visible follicle is aspirated in the same manner. Several follicles can be aspirated with one puncture of the ovarian wall. Multiple punctures may be necessary to aspirate all of the follicles. It is possible that one or more follicles may not be aspirated. Eggs may not be present in every follicle. Generally, eggs are obtained from fifty to sixty percent of follicles aspirated.

Following the procedure, you will remain in the recovery area for a period of time before being discharged. You may experience light to moderate amounts of vaginal bleeding. The medications administered may make you drowsy. You will be observed by IVF Team members for any observable abnormal effects from the medication or procedure. Following your discharge, you should plan on restricted activity for the remainder of the day. You should have someone near or closely available in case you develop complications. Due to the effects of the medications, you will not be discharged without an adult to assist you and get you home safely. You cannot drive for the remainder of the day.

The procedure will be performed by the IVF physician with the assistance of the IVF nurses, clinical staff and the embryologist. Prior to the egg retrieval you must provide written consent for the operative procedure. The timing of the egg retrieval cannot be known in advance.

Your consent for the procedure will extend to all IVF team members. In addition to the above information about how the procedure is performed, the following is information about the risks and alternatives that you should consider. Feel free to ask any questions regarding this information. It is recommended that you pose any questions prior to initiating treatment.

RISKS OF EGG RETRIEVAL

Risks and consequences of the egg retrieval exist. First, like any minor surgical procedure, you are at risk for bleeding, cardiac arrest and/or infection. Risks also exist from the analgesia/anesthesia used.

Second, you may experience intra-abdominal bleeding, damage to the ovaries, bowel or bladder which may require surgical correction. You may develop an infection or experience the reactivation of a pre-existing pelvic infection. To reduce or eliminate the risk of infection, you will be prescribed prophylactic antibiotics.

Available clinical experience and evidence suggests that the probability of this risk occurring is low. If a pelvic infection should result from the egg retrieval, there is the potential for loss of fertility resulting from this infection. There is also the remote possibility that surgery may be necessary to control an infection. This surgery may result in the loss of one or both of the ovaries.

Third, it is possible that no eggs will be obtained or that the eggs may be contaminated during the procedure.

ALTERNATIVES TO EGG RETRIEVAL

The only alternative to this procedure is not doing the egg retrieval. This procedure is being offered to treat infertility with the goal of achieving a viable intrauterine pregnancy. As always, you have the option of abstaining from IVF treatment completely. If you choose to begin ovarian stimulation, you should be ready to undergo the egg retrieval. If you have concerns about the egg retrieval procedure, be sure to discuss them **prior** to beginning follicular stimulation.

IV. INSEMINATION

A semen specimen is needed on the day of the egg retrieval. The specimen should be provided prior to the procedure. In most cases, the specimen should be produced at home and kept at body temperature during the commute to The Fertility Center, LLC. Specific semen collection instructions will be provided. Please adhere to these instructions to avoid contamination of the specimen. Contamination of the specimen cannot be detected prior to insemination. Therefore a contaminated semen specimen can lead to contamination of the eggs as a result of the insemination. In certain cases involving low sperm numbers or difficulty in providing a specimen, a semen specimen can be collected and frozen prior to the egg retrieval. This specimen can be thawed and used for insemination on the day of the egg retrieval. **If you anticipate any collection problems on the day of the egg retrieval, please make an appointment to freeze a semen specimen.**

The eggs will be evaluated following retrieval. Any mature eggs will be inseminated. The observation period after insemination is critical. During this observation period, the embryologist looks for signs of fertilization. If an egg is fertilized, it is placed in culture and allowed to develop into an embryo. Not all eggs will fertilize and this is normal. The lack of fertilization may be due to poor egg quality, poor semen quality, a combination of the two, or an unknown or undeterminable cause. If no fertilization is achieved, the IVF team will review your history, stimulation, retrieval and embryology records. An office visit with one of the providers will be scheduled to discuss the team's impressions and suggestions.

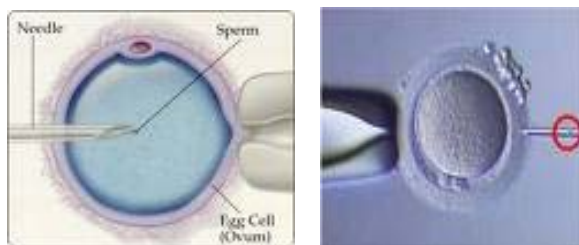
Even if fertilization occurs, the embryos may not develop properly. Cleavage or cell division of the fertilized eggs may not occur. Consequently, abnormal embryo development may prevent an embryo transfer. Due to the fragile nature of the eggs retrieved and the embryos which may result, the eggs or embryos may be damaged or destroyed while in the IVF laboratory. Contamination may occur despite proper care by the embryologist. Even despite all proper care on the part of the Fertility Center, LLC embryologist, such an event may be outside their control.

The possibility of loss or damage to the eggs or embryos while in the laboratory is a complication which must be recognized and one which increases the emotional and financial risks of each cycle. The Fertility Center cannot be held liable for damage to or destruction of eggs or embryos in the IVF laboratory.

On the day after the egg retrieval, you will receive a progress report. You will continue to receive progress reports via phone calls throughout the embryo culture period and will be advised as to the time and date of the embryo transfer. You will also be given instructions for the day of transfer.

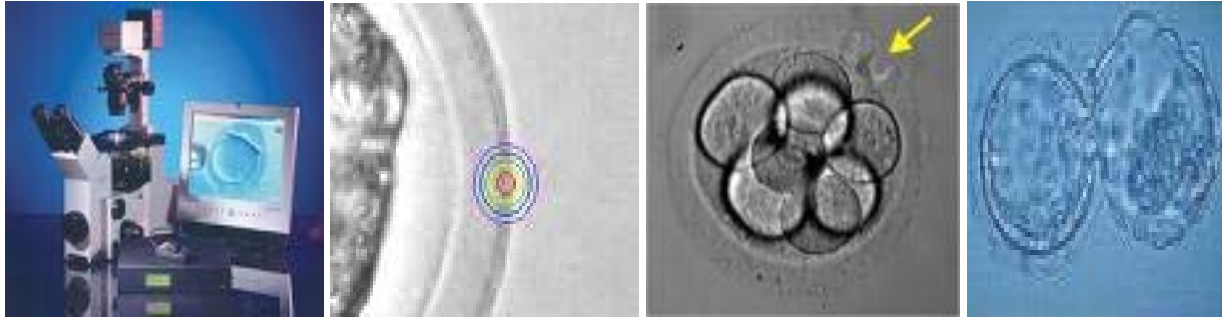
If there are excess good quality embryos with normal progression, they can be frozen (cryopreserved) and stored for use during a later cycle.

INTRACYTOPLASMIC SPERM INJECTION (ICSI)



In cases where barriers exist that prevent or inhibit fertilization intracytoplasmic sperm injection (ICSI) is used to fertilize the eggs. ICSI involves the direct injection of a single sperm into an egg using a cell micromanipulation system. Fertilization may be detected within 15 to 18 hours later. Despite the use of ICSI, fertilization may not occur. Indications for ICSI include male patients with low sperm concentration, low morphology, and low or absent sperm motility, low sperm function, or high levels of sperm antibodies. ICSI is also indicated when sperm is directly obtained from the epididymis or testes. ICSI may also be indicated for couples with unexplained fertilization failure, very low fertilization rates or egg factors suspected to inhibit fertilization. Research to date has failed to establish an increase in major malformations to children born through the use of ICSI.

ASSISTED HATCHING



In some cases, implantation of the embryo(s) is inhibited due to the embryo's failure to hatch. A laboratory technique is available which assists the embryo in hatching. Surrounding the human embryo is a protein layer called the zona pellucida. Before the embryo can implant in the endometrium of the uterus, the developing embryo must "hatch" from zona pellucida. In some cases, the zona pellucida may be hardened preventing escape or hatching of the embryo. The embryologist can create a small opening in the zona pellucida of each embryo using micromanipulation. This small opening may facilitate the natural hatching process allowing the embryo to escape from the zona pellucida and interact with the endometrium for implantation.

Patients for whom assisted hatching is indicated include women age 35 or older, women with rising FSH levels on cycle day 3 of the cycle, frozen embryo transfer cycles, a thickened zona pellucida, and couples who have experienced failed IVF cycles in the past.

Like all IVF procedures, this procedure carries some risk. Among these risks is damage to the embryo. Despite using this procedure, the embryo(s) may still fail to implant. Research to date has failed to reveal any increase in congenital malformations in the children born when assisted hatching has been performed.

V. EMBRYO REPLACEMENT



Within three to five days of the egg retrieval, you will be scheduled for an embryo transfer if transferable embryos are available.

In order to increase the success of the procedure but to reduce the risk of multiple gestations, generally, not more than two to three embryos will be transferred. The physician will advise as to the maximum number of embryos that should be transferred. Increasing the number of embryos replaced increases the risk of multiple gestation and decreasing the number of embryos replaced reduces the chances of achieving a clinical pregnancy. In each case, it is possible that all of the embryos will implant or that none will implant.

The Fertility Center, LLC uses blastocyst transfer to increase the chance of pregnancy and to reduce the risk of multiple gestations. By increasing the time in culture, we allow the embryo to develop to the blastocyst stage. It is believed that only the higher quality embryos will reach this stage of development. Thus, a lower number of embryos are transferred but their quality is increased. The embryo reaches the blastocyst stage on day 5 of culture. The majority of embryo transfers are done on day 5. Because the embryos which reach the blastocyst stage are thought to be the best quality embryos achievable, the number of blastocysts transferred is generally reduced to a maximum of two. Thus, this method reduces the risk of a high order multiple births.

Blastocyst transfer is not without risk. Not all embryos will continue to develop until they reach the blastocyst stage. The embryo's ability to develop to the blastocyst stage is affected by the egg and sperm quality, the metabolic vigor of the embryo and the embryo's ability to grow in the culture system. Some embryos will arrest or not develop normally.

Consequently, there is a possibility that no blastocysts will develop and there would not be a transfer.

The embryo transfer takes place in the IVF suite. During the embryo transfer a small catheter, containing the embryos, is passed through the cervix and into the uterus. The catheter is visualized by transabdominal ultrasound. When the catheter is seen in the correct position the embryos are gently deposited.

Prior to the embryo transfer, you must provide consent for the procedure. You will be asked to provide consent which authorizes the physician to perform the embryo transfer with the assistance of the IVF staff, ultrasound technician and embryologist. In addition to the information above which outlines how the procedure is performed, the following is information about the risks and alternatives. Feel free to ask any questions about the procedure, its risks and the alternatives available to you with the IVF team. It is recommended that any questions you have be asked prior to initiating treatment.

Following the procedure, you are required to lay flat in the recovery area for a short period. Then, you will be discharged to home. You will be on bed rest for 24 hours after the procedure. You will be provided written instructions regarding further care.

RISKS OF EMBRYO TRANSFER

With respect to risks and complications, the embryo transfer procedure carries a minimal risk of infection. In the event of infection, treatment, including antibiotics and surgery, may be necessary. Also, there may be a perforation of the uterine wall by the catheter which may require surgical correction. During or immediately after the embryo transfer, the patient may experience sensations in the uterine or cervical area, cramping, spotting or bleeding. If difficulties are encountered, the physician may need to use a tenaculum to hold the cervix and/or a local anesthetic. The embryos may be lost from the catheter and not be replaced in the uterus. Treatment through embryo transfer does not eliminate the possibility of an ectopic pregnancy. In the event of an ectopic pregnancy, surgical removal of the pregnancy and/or the fallopian tube may be required. The embryo transfer may not be successful or the procedure may result in a multiple gestation which may present or exacerbate risks to the mother and/or fetuses during the prenatal period, labor and delivery or postpartum period.

ALTERNATIVES TO EMBRYO TRANSFER

There are no alternatives to the embryo transfer other than not doing the embryo transfer.

PROGESTERONE SUPPLEMENTATION

In the normal process of fertilization, the early development and implantation of the embryo in the uterus is under the control of the corpus luteum. The corpus luteum develops in the ovary at the site of the follicle where the egg had previously matured. However, because the follicle is aspirated and the cells are removed, progesterone supplementation is used to support progesterone production.

Progesterone will be prescribed in one of several forms: vaginal capsules, vaginal gel or by intramuscular injection. The form of progesterone prescribed varies from patient to patient and depends on your response during ovulation stimulation and in previous cycles.

Progesterone has potential side effects. Some of these include bloating, breast tenderness, emotional irritability, fatigue and occasionally, nausea. If pregnancy is occurs, progesterone supplementation will continue for ten weeks.

PREGNANCY TESTING AND MONITORING

You will have a blood test to determine if pregnancy has occurred sixteen to eighteen days after your egg retrieval. If the pregnancy test is positive, you will be followed closely through bloodwork until an ultrasound can be scheduled. Ultrasound evaluation of the pregnancy will occur at approximately 6 weeks of pregnancy. A second ultrasound will be scheduled to assess the progress of the pregnancy.

RISK OF MULTIPLE GESTATIONS

The Fertility Center, LLC cannot guarantee that a multiple pregnancy will not occur. 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. 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, and death, injury to limbs, chromosomal abnormality, and lower I.Q. from under development. Also, with a multiple pregnancy, there may be increased financial costs and emotional difficulties. Certain characteristics particular to your medical history may also increase the risks of complication during the prenatal period, labor and delivery and/or postpartum period regardless of whether the pregnancy is single or multiple. Concerns regarding any factors which might predispose you to complications should be addressed with your physician prior to initiating treatment.

Current statistics on children born through assisted reproductive technologies such as traditional IVF and cryopreservation do not show any increase risk of congenital abnormalities, either physical or mental. There have been some infrequent reports of a rare condition of gene suppression called “imprinting” (Angelman Syndrome, Beckwith-Weidmann Syndrome) which may occur more frequently in IVF cycles than in the general population.

SELECTIVE REDUCTION

In the event of a multiple pregnancy, the option of selective reduction is available to you. Selective reduction can be performed by the intrathoracic injection of potassium chloride into one or more of the fetuses. This procedure results in the termination of one or more gestations. The procedure is one of low risk to the mother and remaining fetuses. Risks include, but are not limited to, amnionitis (infection within the uterus), septic shock, bleeding, damage to the remaining fetus(es) as well as emotional risks to all involved. Additional information will be provided to you upon your request. It is recommended that you take time to confront the risk of a multiple gestation and the option of selective reduction **prior** to initiating treatment.

CRYOPRESERVATION



With the goal of multiple egg production during follicular stimulation and the general limitation of utilizing up to three embryos for a treatment cycle, couples may often be left with remaining embryos from a cycle. Cryopreservation is therefore available. Any normally developing embryos may be frozen for use during subsequent treatment cycles.

At the appropriate point in a subsequent cycle, the embryos will be thawed. Those embryos which successfully survive the thawing process and continue to develop can be transferred to the uterus. Any embryos that do not survive the thaw will not be transfer.

At the end of your treatment, any excess embryos can be disposed of in three ways. First, excess embryos can be anonymously donated to another infertile couple. Second, excess embryos can be donated to The Fertility Center, LLC for use in the laboratory to train new employees. Finally, excess embryos can be disposed of by allowing them to thaw and degenerate naturally.

If you are interested in cryopreserving any excess embryos, please speak with an IVF team member prior to your treatment. There is a consent form that needs signed prior to cryopreservation.

OWNERSHIP

In the event that the IVF procedures result in a pregnancy, whether single or multiple, any children born will be your legitimate children and the heirs of your body. You and you alone, will have sole responsibility to care for these children. Moreover, all medical treatment necessary to you or any resulting fetus(es) or children as a result of your participation in the program is your sole responsibility.

RESEARCH

The IVF procedures being performed at The Fertility Center, LLC are part of an extensive study. Information about you obtained during treatment will be handled confidentially. Neither your identities nor specific medical details will be revealed by the physicians or staff without your consent, or court order, except that specific medical details may be revealed in professional publications; your identities will, however, be kept confidential.

CERTIFICATION

We _____ and _____, hereby certify that we have read all of the informational pages attached hereto, and all other information provided whether provided upon initial application, IVF seminar or at an initial consultation. We understand the information provided about the IVF Program and its requirements. We have had the opportunity to address all of our questions and concerns to the IVF team (physicians, nurses, and embryologists) and financial advisors of The Fertility Center, LLC and have received satisfactory answers thereto. We agree to participate in the program. We assume the obligation to comply with all of the program's requirements and restraints and we accept all of the risks. Our participation is voluntary. We acknowledge that our participation in the IVF program is not pursuant to any contractual agreement, written or oral, with The Fertility Center, LLC or other individual or entity.

Date Intended Parent

Date Intended Parent

Date Witness

Revised 2/18/2009