

Assisted Reproductive Procedures Consent Form
Collection and Preparation of Semen and/or Use of Donated Sperm, Natural Cycle (unstimulated)
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. An ovulation predictor kit (urine test), purchased by the patient, will be used to determine the timing of ovulation. The insemination will be performed immediately prior to ovulation.
3. A semen specimen from the partner will be obtained by masturbation in a room specially designed for this purpose and processed to isolate the best sperm for fertilization. The prepared sperm will be concentrated into a small volume of specially formulated culture medium and 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. Sperm deemed unsuitable for insemination (dead sperm, sperm with poor motility, etc.) are discarded immediately after insemination.
4. If anonymous donor sperm is to be utilized, the donor will be selected from an accredited 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.
5. If fresh semen from a designated (known) donor is to be utilized, the donor must submit to a blood test for infectious disease screening within two months of the anticipated insemination. The donor must produce a semen specimen on site as in 3 above.
6. For some patients, progesterone supplements, in the form of vaginal suppositories, will be used in the early stages of pregnancy to maintain and promote the continuation of the pregnancy.
7. 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.
8. 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 - Blood sampling can cause discomfort and bruising at the site of venipuncture.

2. Semen Collection – There are currently no known risks associated with producing a semen specimen by masturbation.
3. Transmission of Infectious Diseases – If frozen-thawed sperm from an accredited bank is utilized, the risk for the transmission of infectious diseases is minimal. However, if fresh semen from a designated donor is utilized, the risk is significantly higher. This is because, although North Hudson IVF Center has exhibited due diligence in the screening the donor for infectious diseases, there is no guarantee the donor semen is free of infectious diseases. Therefore, there is a risk of contracting infectious diseases through the use of fresh semen from a designated donor.
4. Medications – Medications may be used to induce ovulation and/or 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.

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 and fluid retention.

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. Moderate uterine cramping has been associated with the insemination of donor sperm, likely due to the larger volume of the inseminated specimen. The insemination procedure usually takes approximately ten minutes to complete.
6. 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.
7. 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 semen preparation and intrauterine insemination 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 if fresh semen from a designated donor is utilized for insemination there is a significant risk for the transmission of infectious disease. I / We further understand and agree to indemnify and hold harmless North Hudson IVF Center for any adverse outcome, including, but not limited to the contraction of infectious diseases, through the use of fresh semen from a designated donor.
4. I / We understand that the reasonably known risks and consequences associated with intrauterine insemination include a slight chance of infection and mild to moderate uterine cramping. 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:
 - a. ectopic (tubal) pregnancy
 - b. infection
 - c. hemorrhage
 - d. cesarean section
 - e. all of the customary risks associated with carrying a child and giving birth
5. 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.
6. I / We understand 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:
 - a. In some cases, the partner may be unable to supply a semen specimen.
 - b. Fertilization may not occur.
 - c. The embryo(s) may not develop normally.
 - d. Implantation of the embryo(s) into the wall of the uterus may not occur.
7. 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.
8. 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.
9. 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.

10. 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