

	 <p>DIN EN ISO 9001:2000 Zertifikat: 01 100 035002</p>	<p>Consent Form – Use of Donated Oocytes, IVF, ET</p> <p>Clinic of Reproductive Medicine and Gynaecology Zlin</p>
<h2>Oocyte Donation Procedures Consent Form</h2>		

The patient _____ and partner _____ consent to medical treatment through assisted reproductive procedure(s).

Procedures:

1. Diagnostic tests, such as semen analysis, blood tests to determine baseline hormone levels and infectious disease screening, and ultrasound examination. Ultrasonography is a diagnostic procedure that uses sound waves to provide a picture of the ovaries.
2. An anonymous egg donor with a similar physical characteristics to the recipient or her partner will be recruited and screened (comprehensive medical history, baseline hormones and follicle scan, infectious diseases) by Clinic of Reproductive Medicine. If all medical and psychological screening criteria are met and the donor profile is acceptable to the recipient, the donor will consent to donate her eggs anonymously and relinquish all present and future rights to those eggs and/or the embryos generated from those eggs.
3. Oral contraceptive pills containing estrogen and progesterone could be taken in the menstrual cycle immediately prior to the donor egg IVF treatment cycle to provide a baseline state for the ovaries. A synthetic hormone medication called Lupron/Diphereline will be taken by injection to temporarily suppress the pituitary gland from stimulating the ovaries. Estrogens tablets /Estrimax 2mg/ will be taken to stimulate the growth of the inner lining of the uterus (endometrium).
4. Ultrasound examination will be used to monitor the growth of the endometrium and to determine if the endometrium has reached an adequate thickness.
5. The donor will take medications to stimulate the growth of multiple ovarian follicles that contain the eggs. When the follicles have reached maturity, the eggs will be retrieved from the donor's ovary.
6. Donated eggs will be fertilized with the ISCI method /Intracytoplasmic Sperm Injection /with the sperms of partner/donor sperms/.
7. The resulting embryos will be grown in an incubator in the laboratory under strictly

controlled conditions.

8. Usually two, but occasionally more or less, developing embryos are transferred to the recipient's uterus. The embryo(s) are deposited at the top of the uterus using a small, flexible plastic tube (catheter). The embryo(s) must initiate attachment to the uterine wall and continue the implantation process in order for a successful pregnancy to occur. Extra embryo(s) of good developmental potential may be cryopreserved (frozen) for transfer in a subsequent cycle. If the recipient and partner do not elect to cryopreserve the extra embryo(s), the extra embryos will be discarded, in an ethical manner, immediately following embryo transfer. Any embryos that have stopped growing or are deemed to have poor developmental potential are discarded in an ethical manner immediately after the embryo transfer.

9. Progesterone supplements, will be used from the day of the egg retrieval to maintain and promote the continuation of the pregnancy.

Risks:

The potential risk or discomforts of in vitro fertilization 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. Ultrasound Examination - There are currently no known risks associated with ultrasound examination of the uterus.

3. Production of a Semen Specimen – There are currently no known risks associated with producing a semen specimen by masturbation.

4. Medications – Several medications are used during ovarian stimulation, embryo transfer and to maintain an ongoing pregnancy. Each of the medications has potential side effects as follows:

Oral Contraceptive Pills

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/Triptorelin (Lupron/Diphereline)

This medication is a synthetic hormone that stops the body from producing estrogen hormone. When the medication is stopped, hormone levels 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.

Estrogen (Estrimax)

This medication (estrogen 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: dizziness, headache, lightheadedness, stomach upset, bloating and nausea, development of blood clots, heart attack, stroke, breast cancer, endometrium cancer.

Progesterone (Utrogestan, Crinon gel)

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.

Corticosteroids (Prednison)

This medication is used to slightly suppress the immune system and thereby enhance embryo implantation. This medication can cause side effects including, but not limited to, the following: dizziness, nausea, indigestion, increased appetite, and weight gain, weakness or sleep disturbances. These effects usually disappear as the body adjusts to the medication.

5. Receipt of Donated Eggs – All donors are screened for infectious diseases (HIV 1,2, Hepatitis B and C, Gonorrhea and Syphilis) within 1 week prior to egg donation. However, there is a slight risk that the donor may contract an infectious disease after being tested, but prior to donating the eggs. If the donor is infected with an infectious disease at the time of egg retrieval, there is a risk the disease may be transmitted to the resulting embryos and, in turn, to the recipient following transfer of the embryos to the recipient's uterus.

6. Embryo Transfer - An embryo transfer is a non-surgical procedure that carries the slight risk of infection. The embryo transfer procedure is usually painless or only causes minimal discomfort. The procedure usually takes approximately ten minutes to complete.

7. Multiple Gestations - If more than one embryo is transferred to the uterus, 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. Multi-fetal reduction (termination of one or more embryos) is an available alternative, with its own attendant risks and benefits.

8. 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.

9. Pregnancy over 45 and Related Risks - There is a significantly higher risk of maternal and fetal mortality with pregnancy over 45 compared to younger women. It is especially important to make sure that a woman's body is able to tolerate the stresses that pregnancy places on it prior to becoming pregnant. This means that a woman must not have problems like high blood pressure, heart disease and diabetes before starting the donor egg treatment. Also, as women get older the risks of medical conditions complicating pregnancy increase. Complications of pregnancy that increase with age include elevated blood pressure, gestational diabetes, premature labor and bleeding disorders such as placental abruption. Therefore, it is recommended to undergo several examinations before the donor egg fertility treatment /blood tests, EKG, mammogram/ .

10. Psychological Stress – Infertility treatment is emotionally difficult to go through. The relative uncertainty of the outcome can cause considerable anxiety to the individuals involved. Counseling is available for those couples who feel they would benefit from talking with a professional trained in the specific issues associated with infertility treatment.

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 attempt at Donor Egg In Vitro Fertilization and Embryo Transfer at Clinic of Reproductive Medicine in Zlin 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, in vitro fertilization of donate eggs and transfer of embryos generated from donated eggs will be performed in conjunction with my treatment at Clinic of Reproductive Medicine in Zlin and that these procedures carry associated risks. I certify that these risks have been explained to me and I / We hereby consent to participate in these procedures.

3. I / We understand that egg(s) will be taken from the ovaries of a donor and fertilized with sperm from the recipient's partner /or donor sperms/ in the laboratory to achieve fertilization.

If the eggs fertilize, and if the embryos develop appropriately, one, two or more embryos will be transferred into my uterus. The embryos will be transferred to the uterus using a small plastic tube inserted through the cervix. 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 Clinic of Reproductive Medicine in Zlin.

4. I / We understand that there are known risks, side effects and consequences associated with the medication used during donor oocytes egg treatment.

5. I / We understand that the reasonably known risks and consequences associated with the transfer of the embryo(s) to my uterus include a slight chance of infection. After the embryo transfer, 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. tubal pregnancy
- b. multiple gestation
- c. infection
- d. hemorrhage
- e. cesarean section
- f. all the risks and inconveniences associated with carrying a child and giving birth.

6. I / We understand that if pregnancy occurs that 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 there is no guarantee that I will become pregnant as a result of the Donor Egg In Vitro Fertilization and Embryo Transfer procedures at Clinic of Reproductive Medicine in Zlin.

8. I/We understand that, in accordance with the Fertility Clinic Success Rate Act, all fertility clinics are required by federal law to report annually birth outcomes for the purpose of delivery validation and as a tool to measure and assess any potential long term affects of assisted reproductive techniques on patients and their offspring. You will be asked to provide this program with information regarding your pregnancy, labor and delivery, and birth outcome. The data that you and/or your obstetrician provide will be collected and reported anonymously with the highest regard for preserving your confidentiality.

9. I / We understand and acknowledge that the staff at Clinic of Reproductive Medicine in Zlin 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 Clinic of Reproductive Medicine in Zlin 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 Clinic of Reproductive Medicine.

10. I / We confirm that the exact nature of In Vitro Fertilization / Embryo Transfer 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 Clinic of Reproductive Medicine in Zlin. I/ We acknowledge that these procedures are being performed at our request and with our consent.

Signature of Recipient of Donated Eggs

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 Date