

Female Patient's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Karande & Associates, S.C. doing business as  
InVia Fertility Specialists**

**ASSISTED REPRODUCTIVE TECHNOLOGIES PROGRAM  
OOCYTE CRYOPRESERVATION - CONSENT  
Description, Explanation and Informed Consent**

We, \_\_\_\_\_, understand that cryopreservation (freezing) of human oocytes is a procedure that can be utilized to preserve oocytes so that they may be fertilized and transferred at a later time. The members of INVIA FERTILITY SPECIALISTS's staff, along with affiliated Professional Staff, are known as the "A.R.T. Team". We understand that by signing this form, we evidence our consent to the use, by the A.R.T. Team, of assisted reproductive technology procedures in connection with our participation in the Assisted Reproductive Technologies Program. It is our understanding that cryopreservation will be performed by the embryologists at InVia Fertility Specialists.

**Description and Explanation of Program**

Embryos have been successfully cryopreserved in fertility clinics throughout the past decade. More recently, oocyte cryopreservation has been performed with variable success.

Oocyte cryopreservation provides patients with the option of "oocyte banking", or freezing their eggs for use at a later date. This is especially beneficial for oncology patients or patients wishing to postpone pregnancy until later years. It will also allow oocyte donors to be stimulated independent of recipients. Oocyte cryopreservation also benefits those patients who wish to fertilize only a limited number of oocytes due to religious or ethical reasons. Oocyte cryopreservation may also be employed if for some unexpected reason the male partner cannot produce a semen specimen during the day of egg retrieval.

All cryopreserved oocytes will be frozen using a medically appropriate protocol in the laboratories of Karande and Associates. They will be stored in liquid nitrogen (-196 degrees C) in the laboratories of InVia Fertility Specialists until that time that they will be thawed for attempts at fertilization for transfer into the uterus.

We understand that the Oocyte Cryopreservation involves the following:

1. Determine that we are suitable candidates for oocyte cryopreservation or determine by standard infertility tests that we are suitable candidates for donor oocytes.
2. Collection of oocytes from the Woman's (donor's) ovary(s) by placing a needle into the ovary and aspiration of follicular contents using ultrasound guidance.
3. Collection and preparation of sperm obtained from the Male Partner (by masturbation) for use in attempts to accomplish fertilization.
4. Injecting the sperm into the egg(s) using a micromanipulation procedure called intracytoplasmic sperm injection (I.C.S.I.) after oocyte thawing, in attempt to accomplish fertilization in the laboratory.
5. If fertilization occurs, to permit growth of the embryo(s) for several cell divisions until the embryologist and physicians determine that it (they) can be transferred back to the Woman's (recipient's) uterus or fallopian tubes. In some situations, a micromanipulation technique called Assisted Zona Hatching (A.Z.H.) is used prior to embryo transfer to increase the chances of pregnancy.
6. Ultrasound examinations combined with blood tests to determine suitability of the uterine lining for the reception of embryos.
7. Transfer of the embryo(s) to the recipient's uterus or fallopian tubes by means of a plastic tube.
8. Obtaining blood samples and, if indicated, ultrasound evaluations several times in the subsequent 8-12 weeks to determine if pregnancy has occurred and it is proceeding normally.
9. The use of "fertility medications" including but not limited to Lupron, Estrace and Progesterone.

## Reasons for Adverse Results

Each of us has been informed that neither becoming pregnant nor a successful outcome of the pregnancy can be assured as a result of Assisted Reproductive Technology procedures. We have also been informed that we may not have any embryos available for transfer to the uterus after the thawing of the oocytes. We have been informed that the practice of medicine is not an exact science and that no guarantees have been made to us as a result of this procedure. We have also been informed that although there are many complex and sometimes unknown factors that may limit pregnancy rates in the Oocyte Cryopreservation Program, some of the known factors that may prevent the establishment of a pregnancy include:

1. Poor or no survival of the oocytes after undergoing the thawing.
2. The sperm may not be able to be collected or processed.
3. Poor or no fertilization of the thawed oocytes.
4. Poor or no development of the resultant fertilized embryos.
5. The eggs and/or embryos may not be genetically normal.
6. One or more oocytes may not be obtained after follicular aspiration.
7. Equipment failure, infection and/or human error or other unforeseen circumstances may result in loss or damage to the eggs, sperm or embryos.
8. Embryo transfer into the uterus may be technically difficult or impossible or medically contraindicated.
9. If transfer occurs, the embryos may not implant and continue developing.
10. If pregnancy occurs, each of us has been informed that it may result in multiple gestation or an ectopic pregnancy, or a pregnancy, which ends in miscarriage.
11. Psychological stress may result in anxiety and disappointment and that a substantial amount of time is required by both of us.
12. Each of us has been informed that many of the standard products used for development of the follicles and growth of the oocytes(s), and/or embryo(s) are derived from biologic origins, and while these products are manufactured under the strictest guidelines of the Federal Drug Administration, INVIA FERTILITY SPECIALISTS cannot be held responsible for any potential unspecified product recalls.
13. Each of us understands that the long-term effects of the administration of fertility drugs are not known. We acknowledge that the long-term health effects of fertility drugs are still being evaluated including the potential long-term risk of ovarian or endometrial cancers.

We understand that while several babies have been born world wide as a result of this technology, there may be some effects on the offspring, which at this time cannot be determined, including the risks of chromosomal abnormalities and congenital malformations. The long-term risks associated with human oocyte cryopreservation are unknown at present.

If, after thawing, an oocyte does not fertilize, the oocyte will be disposed of in an ethically accepted manner according to InVia Fertility Specialists' guidelines and the American Society for Reproductive Medicine Ethical Standards.

We also understand that if any of the following situations occur, the oocytes/embryos will be disposed of in an ethically accepted manner according to InVia Fertility Specialists' guidelines and the American Society for Reproductive Medicine Ethical Standards:

1. In the exercise of reasonable medical judgment, the embryologists and physicians determine that sperm, oocytes, or embryos (either fresh or frozen-thawed) are non-viable or otherwise not medically suitable for use or embryo transfer.
2. If none of the oocytes survive the thawing procedure.
3. Fertilized thawed oocytes that do not cleave (divide) to form viable embryos as assessed by the ART team.

In addition, we agree that the Staff of Karande and Associates, S. C. is not obligated to transfer the resultant embryos at any point in the future if medical evidence and/or experience indicate that the risk of transfer of frozen embryos outweighs the benefits.

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**Notary Public**

State of \_\_\_\_\_, County of \_\_\_\_\_, I, the undersigned, a Notary Public in and for the said County in the

State aforesaid; DO HEREBY CERTIFY that

\_\_\_\_\_  
(Female Patient / Partner)  
personally known to me as the same persons whose names are subscribed to the foregoing document appeared before me this day in persons, and acknowledged that he and she signed, sealed and delivered the said document as his and her free and voluntary act, for the use and purposes therein set forth.

Given under my hand and official seal this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_,

Commission expires on: \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Seal) (Notary Public)

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