



## Informed consent and request for In Vitro Fertilization

Mrs.	
Address	ID
Phone	Email
and	
Mr.	
Address	ID
Phone	Email

as patient/ patients of Gynera Fertility Clinic, jointly request the in vitro fertilization procedure (IVF) under the conditions agreed and detailed below.

We understand that assisted reproduction techniques are optional treatments and are not always successful. We have considered available options before choosing IVF procedure .

We have been informed about IVF procedure and we understand the information below:

### **I. Purpose, indications and procedure**

In vitro fertilization allows to treat infertile couples in cases where it is very unlikely or impossible for the woman to get pregnant naturally: obstruction or other fallopian tube disorders, severe male infertility, endometriosis, unexplained infertility, failure of other reproductive treatments.

IVF also enables the use of donated oocytes, surrogacy or preimplantation genetic diagnosis of embryos.

The IVF procedure involves several steps: stimulation of ovaries with hormonal medication, oocyte (egg) retrieval from ovaries, fertilization of oocytes with partner / donor sperm, embryo culture and then transfer into the uterus. These steps can be completed in one treatment cycle, throughout a period of time of about one month.

If, for various reasons, the procedure cannot be completed in the same treatment cycle, the oocytes or embryos are cryopreserved and the fertilization and / or transfer of embryos may be resumed after a certain period.

Prior to IVF, investigations are required to identify conditions that may affect the outcome of the treatment or may increase the risk. These include, but are not limited to: hormonal tests, semen analysis, preoperative screening, infectious disease tests, PAP test, cervical culture, vaginal ultrasound and uterine cavity assessment. Some tests for infectious diseases are repeated on the day of IVF procedure, according to regulations in force.

Women who are not immune to infectious diseases that may affect pregnancy (Rubella, Varicella), may consider immunisation before pregnancy and postponing IVF procedure at least 1 month after vaccination.

In case of healthy carriers of hepatitis B or C virus, procedures can be performed within the couple. Additional precautions and quarantine cryopreservation of cells / embryos are required in this situation.

Patients with chronic or uninvestigated infectious diseases (hepatitis, lues-syphilis) are advised to get an assessment and a medical opinion from the infectious disease physician before starting IVF.

Some conditions may decrease the chance of success and may require investigation and surgical treatment before starting IVF. Such conditions are: ultrasound visible hydrosalpinx (blocked fallopian tube filled with fluid), large or symptomatic intrauterine polyps, submucosal intrauterine fibroids, uterine synechiae (adhesions).

The patient may refuse treatment prior to the IVF procedure, if she assumes the potential consequences.

The main purpose of ovarian stimulation is to obtain multiple oocytes (ideally more than 8-10), to allow the further selection of viable embryos. The medication used is complex, covering also other objectives: oocyte maturation, prevention of spontaneous ovulation and other risks, hormonal support of embryo implantation.

If, following stimulation, the ovaries have a low response (less than 3-4 growing follicles), the retrieval can be canceled. The ovarian response may be different after a new stimulation, attempted in another cycle. Treatment is monitored by ultrasound and hormone tests to assess ovarian response, possible risks and to determine the duration of treatment, in order to get an optimal number of mature oocytes. The purpose of medication used in frozen embryo transfer cycles is to create a balanced hormonal environment and to increase uterine receptivity. Medication mimics the hormone levels of natural cycles.

Oocyte retrieval is performed by ovarian puncture, under local or intravenous anaesthesia. With a special needle connected to the suction system with controlled pressure, the follicular fluid containing the oocytes is collected in test tubes and is immediately analyzed by the embryologist, in a controlled environment. During retrieval or during treatment, unforeseen events, associated medical conditions or complications may occur requiring additional and/or different procedures than those described above (cyst aspiration, hydrosalpinx aspiration, treatment of bleeding by suture or transfusion). In this case, the doctor acts accordingly, as required in his professional judgement, if there is no restriction specified in this consent.

Sperm is usually collected by masturbation, but other methods may be needed to recover sperm (from testis or post ejaculatory urine). In severe male factor infertility, additional investigations may be needed as well, to estimate genetic risk before IVF/ICSI: karyotype, Y chromosome microdeletions, cystic fibrosis mutations.

Oocytes are fertilized with sperm in the lab, and the resulting embryos are incubated in special environment for up to 5 - 6 days. Embryos with good developmental potential are selected to be transferred to the uterus. There are two basic techniques to fertilize oocytes: standard IVF (spontaneous fertilization after insemination of oocytes with sperm cells) or ICSI (intracytoplasmic sperm injection), where the embryologist selects and injects a single sperm into an oocyte. ICSI is performed when there are insufficient sperm cells available after semen preparation, if suboptimal fertilization occurred in previous cycles, or if spontaneous fertilization is unlikely. The embryologist assesses the opportunity of ICSI, as well as its variants (P-ICSI = ICSI after additional sperm selection, with special media). Other micromanipulation techniques (Assisted Hatching, Embryo Biopsy) may be recommended in certain situations, based on current medical knowledge.

Evolution of embryos in the lab is a continuous process of natural selection: some oocytes will fail to fertilize and many embryos will develop abnormally. The selection process continues into the uterus; on average, only one out of five embryos will implant, the chance for a successful pregnancy being associated with woman's age. If many embryos are available, the extensive culture over 72 hours allows a more efficient selection of viable embryos. On average, 40% of the embryos reach, after 5 days, the blastocyst stage (implantation stage). The optimal timing for embryo transfer is decided by the medical team, to the best interest of the patients, taking into account the development of embryos, other individual factors and the current medical knowledge.

Unfertilized cells as well as unviable embryos are discarded or may be used for research. Only viable cells or embryos (according to validated international criteria) can be utilized in assisted reproduction/cryopreservation.

Intrauterine transfer of embryos is usually a painless procedure. Embryos are inserted into the uterus with a special thin catheter under ultrasound control. The number of transferred embryos is decided by the medical team, based on several parameters and considering the wish of the couple, as well. A higher number of embryos increases the probability of success, but also the risk of multiple pregnancy. Twin pregnancy is not excluded even after transfer of a single embryo into the uterus (embryo may naturally divide into two ones).

Embryo freezing is recommended if spare viable embryos are available, or if intrauterine embryo transfer involves risks (ovarian hyperstimulation syndrome, intercurrent medical condition, non-receptive uterus that reduces the probability of success). Frozen embryo transfers (FET) have similar success rates to fresh embryo transfers; not every cryopreserved embryo will resume development after thawing.

## **II. Success rate**

Even if good quality embryos are transferred into the uterus, there is no guarantee that the procedure will be successful. Most embryos with normal development in the lab will not implant or will not develop into the uterus. Moreover, a lot of good quality blastocysts may have genetic abnormalities or other defects and are eliminated from the uterus through a natural selection process. It may take several attempts (IVF cycles) to achieve pregnancy.

In Europe, the average clinical pregnancy rate after one fresh embryo transfer is 34-35%. The Gynera Clinic makes every effort to ensure best chances for success, as confirmed by consistent annual clinical pregnancy rates of more than 45% per fresh embryo transfer, during 2007-2017. Success rates vary by age and other individual factors; over 40 years old, success rates drop below 10% and risks are increasing.

The IVF procedure helps embryos to reach the uterus, but cannot control their subsequent development. As in spontaneous pregnancies, miscarriages (20%) or ectopic pregnancies (2%) may occur.

### III. Risks and limitations

During the time of interventions, there may be limitations in the way of life and ability to work.

Complications accompanying particular interventions are very rare, but cannot be entirely excluded.

a) Ovarian hyperstimulation syndrome (excessive ovarian response to stimulation, accompanied by high levels of oestrogen and increased vascular permeability).

Main symptoms are bloating, abdominal pain, shortness of breath, fluid collection in the abdomen. In severe cases, hospitalization, i.v. therapy, or aspiration of abdominal fluid may be needed. If pregnancy occurs, symptoms are increasing in intensity and last longer. Severe symptoms occur in less than 1% of cases. The risk can be reduced with a freeze-all strategy (cryopreservation of all embryos and transfer in an unstimulated cycle).

b) The risk of not having embryos available for transfer

It is possible that no viable oocytes are found in the aspirated follicular fluid.

Oocytes may not fertilize; trying to perform rescue ICSI is associated with low chances of success.

It is possible that all embryos develop abnormally.

Embryos may not survive or develop after cryopreservation / thawing.

The partner may not be able to produce sperm or there are no viable sperm cells in the semen.

Options in these potential situations should be discussed priorly with your doctor.

c) Multiple pregnancy (pregnancy with twins or triplets) involves additional risks for mother and foetuses including miscarriage or advanced degree of foetal prematurity.

Blastocyst transfer is associated with a slightly increased risk for monozygotic twins (identical).

Foetal reduction is possible, in high order multiple pregnancy, but not without risks.

d) Ectopic pregnancy - embryos may migrate and implant outside the uterine cavity

All other pregnancy risks may occur at any time after embryo implantation: risk of spontaneous abortion, intrauterine foetal demise (death), foetal development abnormalities or other complications of pregnancy.

e) Medical studies performed so far show a slightly higher risk of foetal abnormalities in IVF babies compared to naturally conceived babies (2-3% of pregnancies). The risk is increased with age and when ICSI was performed for severe male factor.

IVF pregnancies are associated with a slightly increase in obstetric risks - maternal hypertension, placental abruption (early separation from the uterus), gestational diabetes. Risks are lower after frozen embryo transfers.

f) Other possible risks associated with IVF include but are not limited to the following:

- Blood collection for tests may create discomfort and bruise at the site of the needle insertion
- Adverse effects of medication: headache, abdominal discomfort, injection site discomfort, allergic reactions, nausea, shortness of breath; seldom, severe adverse effects such as thrombosis (blood clots).
- The risk of genital cancers is increased in all infertile women, even in the absence of fertility treatments; there is no evidence that medication would further increase this risk, according to current scientific knowledge
- Ovarian torsion (twisting) is a very painful complication which may require emergency surgery
- Risks and temporary effects of anaesthesia: adverse effects of anaesthetic medication, respiratory depression, excessive sedation, amnesia, sudden fluctuations in blood pressure, hematoma at the site of administration
- Bleeding, urinary retention, or genital inflammation may require surgery or blood transfusion
- Depression, anxiety, emotional lability, relationship issues
- Unforeseen events - loss of reproductive cells after calamities, unpredictable and potential lethal accidents

Gynera Clinic has implemented advanced safety measures, high performance technology and rigorous internal procedures, including: backup equipment, permanent monitoring of the environment and equipment, accurate identification and control procedures with Matcher™ electronic witnessing system, epidemiological testing, utilisation of special certified materials and media tested for embryotoxicity. In addition, the clinic ensures quality control, as well as continuous training of personnel.

However, unforeseen accidents cannot be excluded. In the event of unavoidable accidents, the clinic cannot be held liable for the loss of cells or embryos and does not provide financial compensation.

### IV. Alternatives

Alternatives to IVF may be, in certain cases, medical treatment, surgical treatment or intrauterine insemination (IUI). If success probability of IVF with own oocytes is considered too low (age over 42 years, repeated implantation failure), or treatment risks are not undertaken, alternative treatment may be considered: IVF with donor oocytes, adoption, remaining childless. In severe male factor, donor sperm may be used for IVF or IUI.

### V. Financial terms

The costs of IVF and additional procedures as well as other financial information are detailed in the Financial Protocol provided to the patients and also available on the website [www.gynera.ro](http://www.gynera.ro). Signing this consent confirms acceptance of costs and payment method for all chosen procedures and medical services.

### Statement of the infertile couple

We freely and knowingly give our consent to investigations, sample collection for lab tests, medication treatment, ultrasound scans, reproductive cells retrieval and embryo transfer. We authorize clinic staff to perform all necessary lab techniques including evaluation, processing, testing and distribution of reproductive cells and embryos. In the event of unexpected situations and conditions or other complications requiring additional procedures to those described above (including transfusion) during the procedure, we accept that the medical team performs such procedures if it is considered justified for medical reasons, with the following exceptions:

We declare that we have informed the physician about all facts important for the assessment and for the choice of the optimal treatment. We accept that in case of falsehood of this statement, both the clinic and treating physician will not be liable for the consequences caused thereby.

We agree that during the procedure we will be mutually informed about medical issues or situations that may affect the health of the other partner or the child conceived by IVF procedure.

We confirm that we have made this decision voluntarily without being subjected to physical or mental pressure.

We request to start the IVF procedure with the belief that all therapeutic measures are to our best interest and our desire to have a baby. We understand that no guarantee or assurance can be given regarding the end result.

Being fully informed, we require laboratory fertilization of:

<input type="checkbox"/> Own oocytes retrieved by ovarian puncture with	<input type="checkbox"/> Sperm of husband / partner
<input type="checkbox"/> _____ Previously cryopreserved own oocytes	<input type="checkbox"/> Previously cryopreserved partner's sperm / if needed
<input type="checkbox"/> Donor Oocytes _____	<input type="checkbox"/> Donor Sperm _____

We request that one or more viable embryos to be transferred to the uterus, and the additional embryos to be:

<input type="checkbox"/> Cryopreserved	<input type="checkbox"/> Destroyed – discarded, according to the regulations
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We understand that unfertilized cells and unviable embryos cannot be utilized for assisted reproduction. We accept that they will be discarded according to regulations, or used for research, if no restriction is specified in this consent

We understand that we will be considered as legal father and legal mother of the child who will be born after the treatment. The clinic reserves the right to deny the transfer to the uterus of embryos if, on the basis of any new scientific evidence or information, it considers that the risks outweigh the benefits. In this case, all the necessary measures will be taken to cryopreserve embryos, in order to keep options for future utilisation.

We understand that any disposition of cryopreserved embryos requires the written consent of both partners. In case of divorce, death or absence of consensus the clinic acts according to this consent, applicable law/court order. We acknowledge that the procedure may be canceled at any time for medical reasons as well as at our request. This consent may be revoked anytime before procedure by submitting a written request.

My/our Signature(s) on this Consent indicate that I / we:

1. Have read and freely agree and consent to all the procedures and to all of the information contained herein;
2. Have been provided with sufficient information and clearly understand the information that I/we have been given about these procedures including their nature, benefits and risks, consequences of acceptance or refusal of procedures, success rate and alternatives as explained to me/us by my/our doctor or other Gynera staff member;
3. Have had the chance to ask questions and have had all of my/our questions answered to my/our satisfaction.

We agree hereby to inform the clinic in writing about occurrence of any change important for carrying out the procedure, including medical issues, changes in marital status or contact details (address, phone, email) .

Mrs. \_\_\_\_\_

Mr. \_\_\_\_\_

ID \_\_\_\_\_

ID \_\_\_\_\_

Unmarried /  Married to \_\_\_\_\_

Unmarried /  Married to \_\_\_\_\_

Single patient, without partner

We are partners, not married

Signature

Signature

I , \_\_\_\_\_ hereby confirm that this form has been filled by patients in my presence.

Signature

Date \_\_\_\_\_

Your personal data is processed by the Gynera Medical Clinic, according to the registration with the National Supervisory Authority for Personal Data Processing no. 19963, for the sole purpose of providing medical services. You may exercise the right of access, intervention, erasure and portability under the conditions provided by Romanian Law 677/2001 and European Regulation GDPR 679/2016, by a written and dated request sent to the Gynera Medical Clinic. Details on [www.gynera.ro](http://www.gynera.ro)