

DUKE UNIVERSITY MEDICAL CENTER
Consent for Assisted Reproductive Technologies (ART) Procedures

We, _____(wife) and _____(husband) voluntarily consent to participate in the In Vitro Fertilization (IVF) program at Duke University Medical Center Department of Obstetrics and Gynecology.

We understand that medications will be given to the female partner for ovarian stimulation in an attempt to stimulate the recruitment of multiple oocytes (eggs) and that these eggs will be removed from the ovary, fertilized with the male partners sperm (or donor sperm, which will require a separate consent), and cultured in the laboratory. If one or more embryos develop, an appropriate number will be transferred to the female partners' uterus in an attempt to establish a pregnancy.

I understand that the medications carry a risk of causing significant ovarian enlargement from overstimulation . While participating in an IVF cycle there will be a requirement for frequent office visits, ultrasound assessments and blood monitoring. Failure to comply with the instructions from the physicians during monitoring may result in the cancellation of the cycle.

We understand that with all Assisted Reproductive Technology procedures there is a risk of conceiving more than one child (twins, triplets...or more). The physicians will attempt to lessen the risk of multiple gestation when possible without decreasing the chances of successfully conceiving. We have been informed of the availability of a procedure to reduce a multiple pregnancy to twins if multiple gestation occurs and we so choose. We understand that we may receive counseling from the reproductive endocrine physicians and the maternal-fetal medicine (high-risk) obstetricians should we conceive a multiple gestation.

We understand that there is a possible correlation with using these medications and the future development of ovarian cancer and have been given the opportunity to ask questions about this risk. We understand that it will be important for the female partner to have regular GYN exams throughout her entire life.

Alternative methods of improving our fertility have been discussed with us, as well as the options of adoption and childfree living. We understand that all expenses associated with these procedures are our responsibility and that any embryos or children resulting from this program will be our legal responsibility.

The advantage of participation in this program is that it offers an opportunity to attain a pregnancy that otherwise may not be possible. We understand that we may ask questions at any time during the course of the treatment and may revoke this consent at any time that we choose to no longer participate in this program. We understand that fertilization resulting in embryos for transfer may not occur and that there is no guarantee of a successful pregnancy. We understand that there is no evidence that these procedures increase the risk of birth defects, but there is no guarantee or assurance that any child resulting will be free from such defects. We are aware that the practice of medicine is not an exact science and acknowledge that no guarantees have been made to us concerning the outcome of these procedures.

Wife: _____ Husband: _____

Person obtaining consent: _____ Date: _____

Revised 6.23.2004