

FORM 6**[See rule 13(f) (i)]****Consent Form to be Signed by the Couple or Woman**

I/We have requested the clinic...22.....
123 Main St..... (name and address of clinic) to provide us
 with treatment services to help us bear a child.

We understand and accept (as applicable) that:

1. The drugs that are used to stimulate the ovaries for ovulation induction have temporary side- effects like nausea, headaches and abdominal bloating. Only in a small proportion of cases, a condition called ovarian hyperstimulation occurs where there is an exaggerated ovarian response. Such cases can be identified ahead of time but only to a limited extent. Further, at times the ovarian response is poor or absent in spite of using a high dose of drugs. Under these circumstances, the treatment cycle will be cancelled.
2. There is no guarantee that:
 - (i) The oocytes will be retrieved in all cases.
 - (ii) The oocytes will be fertilized.
 - (iii) Even if there were fertilization, the resulting embryos would be of suitable quality to be transferred.

All these unforeseen situations will result in the cancellation of any treatment.
3. I/ We fully consent to these procedures and to the administration of such drugs and anesthetics as may be necessary. We also consent to any other operative measures, which may be found to be necessary in the course of the treatment.
4. I/ We have been told of the risks of ultrasound directed follicle aspiration.
5. I/ We are aware that we are free to withdraw or vary the terms of this consent until the gametes and/ or embryos have been used in accordance with my/ our wishes. I am aware that this will have to be a written request
6. There is no certainty that a pregnancy will result from these procedures even in cases where good quality embryos are transferred.
7. If a clinical pregnancy does result from assisted conception treatment, I/ we understand there is an accepted risk of multiple pregnancy, an ectopic pregnancy or of a miscarriage. I/ We understand that as in natural conception, there is a small risk of fetal abnormality.
8. Medical and scientific staff can give no assurance that any pregnancy will result in the delivery of a normal living child.
9. The uncertainty of the outcome of the procedure has been fully explained to me/ us.

I/ We fully understand the risks of treatment including;

 - (i) it is not possible to guarantee that a follicle will develop in a given cycle and that occasionally cycles have to be abandoned before egg retrieval.
 - (ii) there is a risk that spontaneous ovulation can happen prior to/or during the egg retrieval.
 - (iii) an egg is not always recovered from a follicle at the time of egg retrieval.
 - (iv) any eggs may be collected and fertilization of any collected eggs will occur
 - (v) is a risk that the cycle will be abandoned before Embryo Transfer if there is failure of fertilization, abnormal fertilization or failure of the embryo to cleave(divide)
 - (vi) a pregnancy may result from treatment.
 - (vii) treatment may be abandoned at any time if there are problems in the laboratory or with the culture system
10. I/ We have been fully informed of all that is involved with the IVF/ICSI technique and have been advised regarding the chances of success, the possibility of multiple pregnancy occurring and other possible complications of treatment by the doctor. I/ We have also received information relating to treatment by these techniques in order to assist us to become more fully aware of what is involved.