

Consent to frozen embryo transfer



About Patient One (check your name and DoB carefully)

About Patient Two (check your name and DoB carefully)

First name

First name

Surname

Surname

Date of birth: Patient I.D.

Date of birth: Patient I.D.

Please select as applies to you: *

Patient 2. Patient 1.

My/our personal circumstances **have not** changed since my/our last treatment (e.g. separation or divorce).

My/our personal circumstances **have changed** since my/our last treatment (e.g. separation or divorce). Please discuss these changes with your consultant.

1 **Consent**

1.1 The name of the patient having the embryo transfer: *

Patient 2. Patient 1.

1.2 I consent, as necessary, to the following in preparation for the embryo transfer to: *

- Ultrasound scans
- Relevant blood tests
- Self-administering medication

2 **Permission to thaw**

2.1 I / We confirm the following:

- I/We consent for as many embryos as necessary to be thawed to allow the below number of embryos (as indicated in Part 3.) to be transferred.
- I/We understand that the lab will automatically thaw another embryo (if available) if the first does not survive the thaw process
- I / We understand and accept that it is possible that some or all of my/our embryos may not survive the thawing process. Therefore, it is possible that there may not be any viable embryos for transfer.

Patient 2. Patient 1.

2.2 I/We understand that: *

- Embryos can be transferred from Day 2 onwards of development.
- The developmental potential of embryos often becomes more apparent between Day 3 and 5 and it is likely that if an embryo does not develop to the blastocyst stage it will not have the capacity to create a pregnancy.

2 Permission to thaw - continued

- Natural selection will see the most viable embryos continue to grow to Day 5 whilst those of poor quality, and less likely to be genetically normal, will cease growing between Day 3-5.
- So if early Day 1-3 embryos are thawed, we will routinely culture embryos until we are able to select the best for transfer depending on how many you wish to transfer.
 - If you have **more embryos of good quality than you wish to transfer on Day 3** we will routinely recommend culturing to Day 5 to be able to better select the most viable
 - If on **Day 2 or 3 the best available are clearly identifiable** (i.e 1 or 2 only of good quality depending on how many you wish to transfer) we can transfer on this day with no benefit of waiting until Day 5 on pregnancy outcome.
- On some occasions, **based on previous history or personal choice (as discussed in advance with your consultant)** we can wait until Day 5 to transfer regardless of the number of embryos available, although there is a chance that no embryos will develop to Day 5, especially with poor quality embryos on Day 2-3. This option could potentially give useful information that would otherwise not be available on embryo quality, avoid unnecessary medication use, and the anxiety of the two week wait.
- I/We understand that blastocyst culture will incur an additional cost if there is an embryo suitable for transfer.
- If the partner is overseas and they want their partner (the patient) to commence with treatment using frozen embryos, we will require their consent via skype or via a consent which is verified by a notary public at the country you are in with the treatment date.

3 Embryo transfer

3.1 Embryo transfer

I/we consent to the following number of blastocysts or cleavage stage embryos to be transferred during this treatment cycle **(If you are being treated with a partner, it is very important that you discuss and agree the number with your partner) ***

Patient 2. Patient 1.

1 embryo

1 or 2 embryos (depending on the recommendations of medical and scientific staff, based on my medical history, age, and embryo quality).

3.2 All patients

Patient 2. Patient 1.

I/we confirm the following: *

- A consultant from the Lister Fertility Clinic has discussed the number of embryos to be thawed and transferred with me/us. I/we have taken full consideration of their recommendations when completing this consent form.
- I/We am aware that the replacement of more than one embryo may give rise to a multiple pregnancy.
- I/We am aware that a multiple pregnancy can be medically riskier to mother and babies, as well as having socio-economic implications. Increased risks to the mother include, but are not limited to, miscarriage, hypertension, pre-eclampsia and gestational diabetes. Increased risks to babies include, but are not limited to, premature birth, perinatal mortality, neonatal care, respiratory distress, cerebral palsy, disability, delay in language acquisition, and congenital malformations.
- I/We have had a full discussion with the medical consultant with regard to the number of embryos to transfer, outlined above. I/We am aware of the increased risks to maternal health and the health of any babies should a multiple pregnancy ensue. I/We have been given information orally and in writing, and had the opportunity to ask questions.
- I/We have been informed of the small incidence of ectopic pregnancy and I/we have been made aware of the risk of miscarriage following treatment.
- I/We understand that an embryo transfer cannot take place until the Lister Fertility Clinic has received consent from both patient and partner.

4 Legal Parenthood

Patient 2. Patient 1.

4.1 I/we confirm the following: *

- The birth mother will always be the legal parent of any child born.
- When donor sperm is used, and a couple is not married or in a civil partnership, under the Human Fertilisation and Embryology Act 2008, the partner can be the legal parent of any child born from the patient's treatment – as long as both the patient and the partner give their consent to this in writing. This consent is given by completing the HFEA WP and HFEA PP forms.
- When donor sperm is used, a couple is not married or in a civil partnership, under the Human Fertilisation and Embryology Act 2008, and the patient is receiving treatment using embryos created outside the body (in vitro) using donor sperm and either her own or donor eggs, and the partner wishes to be registered as the legal parent to any child born if they die before embryos (that were created before their death) are transferred to the patient, the partner should complete the HFEA PP form.
- When donor sperm is used, a couple is married or in a civil partnership, and the patient is receiving treatment using embryos created outside the body (in vitro) using donor sperm and either her own or donor eggs, and the partner wishes to be registered as the legal parent to any child born if they die before embryos (that were created before their death) are transferred to the patient, the partner should complete the HFEA PBR form.
- Where the birth mother is still legally married or in a legal civil partnership to someone other than the person who she seeks treatment with, the situation can be more complex, and it is advised that you seek your own independent legal advice. This applies regardless of whether donor sperm or a partner's own sperm is being used in treatment.

5 All Patients - Genetics

The Lister offers "Carrier` screening Testing" that can be used prior to treatment to determine if a healthy person is a carrier of some of the most common genetic diseases in the population. It can provide life-lasting information about an individual's reproductive risk and their chances of having a child with a genetic disease by identifying whether they carry the same genetic variant as a partner or potential donor.

If you would like further information about this test, please contact the genetics team (genetics@lfclinic.com)

6 Declaration

Patient 2. Patient 1.

6.1 I/We confirm the following: *

- I/We have received information on the social, ethical and legal aspects, as well as the medical consequences of the procedures outlined above, explained to me in full.
- I/We have been given a suitable opportunity to take part in counselling about the implications of the proposed treatment.
- I/We have had the opportunity to discuss the risks associated with all of the treatment options consented to in this agreement.
- I/We have been made aware of the alternatives to the procedures outlined above.
- I/We have been given time to consider the content of this document and I have been given the opportunity to make further enquires as I wish before signing.
- I/We am aware that both the patient and the partner can make changes to or withdraw their consent at any point until the time of sperm, egg or embryo transfer. If you would like to change or withdraw your consent, you should ask the clinic for a HFEA WC form.
- I/We understand that I/We are responsible for contacting the clinic if any of my/our contact details (phone numbers/address/e-mail) change.
- I/We declare that the information we have provided in writing is correct and complete.

Date

Date