

Consent to vaginal egg collection

About the patient (Please check your details carefully)

First name

Surname

Date of birth

Patient I.D.

This form will be completed with your Consultant at your appointment at the Lister Fertility Clinic

1 Patient - Statement of consent to egg collection

Please read this form carefully. If you have any further questions, please ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. (* delete if not applicable)

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment.

I have listed below any procedures **which I do not wish to be carried out** without further discussion:

Date

2 **Statement of interpreter (where appropriate)**

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe she/he can understand.

Name:

Date

3 **Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)**

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits:

- collecting the eggs

Potential serious risks:

- Potential reactions from the drugs and procedures used in the administration of anaesthesia.
- Risks associated with the passage of the needle through the vagina into the ovaries:
 - Infection
 - Bleeding
 - Injury to adjacent organs including but not limited to bowel, bladder, ureter, uterus or major blood vessels (rare - <0.1%)
Adhesion formation
- Failure to collect any eggs
- Failure to collect an egg from each follicle punctured.

Any extra procedures, which may become necessary during the procedure:

- Blood transfusion

Other procedures:

- Laparoscopy/laparotomy and repair in event of suspected visceral injury.
- Transabdominal egg collection in the event of difficult transvaginal access to ovary.
- I have also discussed what the procedure is likely to involve, the benefits and risks of any available treatments (including no treatment) and any particular concerns of this patient.

The following information has been provided during and following your consultation and you have had over 48 hours to review and ask further questions as needed:

- Patient cycle information sheet
- Explainer videos in on-line consent platform

This procedure will involve:

- General and/or regional anaesthesia
- Local anaesthesia and/or sedation

3 **Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) (continued)**

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the procedure to go ahead.

Date

4 **Patient Signature**

Date

