

COVID-19 treatment consent

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**About the patient** (Please check your details carefully)

First name

Surname

Date of birth



Patient I.D.

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**1**

**I/We have asked Lister Fertility Clinic ('the Clinic') to provide me/us with treatment services to help me/us to create a family.**

I/We have had a full discussion with the Clinical Staff at the Clinic regarding COVID-19 and the potential impact on my/our treatment, and have been given information orally and in writing. I/We understand that although current advice from the Royal College of Obstetricians and Gynaecologists states that (i) pregnant women do not appear to be more likely to be seriously unwell than other healthy adults if they develop coronavirus, (ii) there is no evidence to suggest an increased risk of miscarriage, (iii) it is unlikely that if the mother contracts the virus that it would cause problems with the baby's development. COVID-19 is a new infection and more evidence is emerging as to its impact on population groups and its long-term affect.

**I/We confirm that I/we fully understand and accept the following information:**

- The Clinic cannot guarantee that a pregnant mother's health would not be severely affected if COVID-19 was contracted in pregnancy.
- The long-term effect of COVID-19 on pregnancies remains unknown.
- The Clinic cannot guarantee that if COVID-19 were contracted during pregnancy that your baby would not be adversely affected.
- The Clinic cannot guarantee that there is no increased risk of miscarriage if COVID-19 were contracted during pregnancy.
- The Clinic cannot guarantee that there is no increased risk of premature delivery if COVID-19 were contracted during pregnancy.
- Emerging evidence suggests that individuals of black and minority ethnic (BAME) background may be at higher risk of developing severe complications of COVID-19. This may equally apply to pregnant women.

**2**

**I/We understand and accept that I/we will be required to adhere to measures to restrict the transmission of COVID-19 infection, including, but not limited to:**

- I/We will be required to complete a COVID-19 treatment health questionnaire prior to each clinic appointment.
- I/We agree to testing for COVID-19 as directed by Clinic staff, including, temperature checks, blood test, and swab.

## 2

- If I/we are diagnosed with COVID-19 infection my/our treatment will be cancelled.
- I/we understand and accept that my/our treatment cycle may be terminated if I/we are assessed as being at high risk for COVID-19 at any point during our treatment. A guide to who is 'high risk' can be found on the NHS website <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>
- I/We are recommended to self-isolate from the start of ovarian stimulation treatment until embryo transfer.
- If I/we or any of our household develop symptoms suggestive of COVID-19 coronavirus, it may not be possible for my/our treatment to proceed.
- Where it is possible and safe to do so, my/our physical attendance at clinic will be minimised, and online resources will be used.
- The physical attendance of partners or companions at appointments will be limited as detailed in the Clinic's COVID policy, and unless agreed with clinic staff, patients should not be accompanied to their clinic appointments.
- I/We may be required to wear face coverings as detailed in the Clinic's COVID policy. Should any be required, I/We will remove and dispose of protective equipment as directed by the clinic, in order to minimise the risk of infection to myself and others.
- I/We will be required to adhere to the Clinic's hand hygiene policy, washing and using hand sanitisers as requested by staff and detailed in the Clinic's COVID policy.
- I/We will be required to maintain physical distancing as detailed in the Clinic's COVID policy.
- I/We will be required to adhere to the UK Government's guidelines for social distancing outside of the clinic.
- In the event of a "second wave" of infection, the Clinic may need to suspend my/our treatment.
- In the event that my/our treatment is cancelled or suspended I/we will be responsible for payment as detailed in the Clinic's Terms and Conditions.

## 3 Declaration

### I/We confirm the following:

- I have received information on the social, ethical, and legal aspects, as well as the medical consequences of proceeding with treatment.
- I/We confirm that I/we am/are not high risk patients for the purposes of COVID-19 infection as defined in the NHS guidance <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>
- I have been given the opportunity to postpone treatment.
- I have had the opportunity to discuss the risks associated with proceeding with treatment and wish to proceed with treatment.
- I have been given a suitable opportunity to take part in counselling about the implications of proceeding with treatment.
- I/We have completed a COVID-19 treatment health questionnaire.
- I have been given time to consider the content of this document and I have been given the opportunity to make further enquiries as I wish before signing.
- I/We have not withheld or misrepresented any information from the clinic which may be relevant to our treatment and care.

Date

