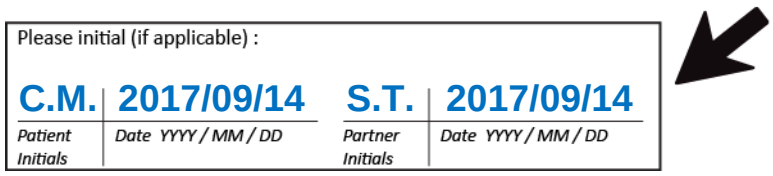
MUHC Reproductive Centre
Frozen Embryo Replacement Cycle (FERC) Treatment Consent

Instructions on completing the treatment consent form

You and your partner (if applicable) must initial page 1 as indicated.

Example:



Consent Signature (page 3):

You and your partner (if applicable) should clearly print your name, fill requested information, and sign where indicated in the presence of a witness.

The witness may be anyone who knows you well (neighbor, friend, relative, etc.). The role of the witness to the signatures is simply to confirm the identity of the patient and partner signing the consent form. The witness should clearly print his/her name and then sign the form.

Please make a copy of the signed consent form to keep for your records.

Please note that our nursing staff cannot issue a treatment calendar if this consent is incomplete or missing from your chart.

Should you have any questions or concerns regarding this consent form, please call 514-843-1650 for a review of consent appointment with a medical staff member.

MUHC Reproductive Centre

Frozen Embryo Replacement Cycle (FERC) Treatment Consent

Patient undergoing treatment	*Spouse/Partner (if applicable)*
RAMQ	RAMQ
First Name	First Name
Last Name	Last Name
Date of Birth (YYYY/MM/DD)	Date of Birth (YYYY/MM/DD)
Hospital Card Number	Hospital Card Number

As discussed and prescribed by my physician, I/we consent to proceed with a Frozen Embryo Replacement Cycle (FERC) in order to attempt pregnancy.

Frozen Embryo Replacement Cycle (FERC)

I have been informed that:

- I may have to take various medications to prepare my uterus to receive the embryo(s). There may be risks and side effects associated with these medications;
- My cycle may be cancelled at any point leading up to (and including) embryo transfer. I will be informed of the reason(s) for cancellation;
- No assurance can be given that any of the frozen embryos will survive thawing or be suitable for transfer;
- The embryo shell will be thinned using assisted hatching to improve implantation;
- There is no guarantee that a pregnancy will be achieved following this treatment.

Please initial (if applicable) :

Patient Initials	*Date YYYY / MM / DD*	*Partner Initials*	*Date YYYY / MM / DD*

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I/we understand and have been informed of:

Treatment

- Treatment will be performed by the medical team of the MUHC Reproductive Centre (the Clinic);
- Indications for, possible risks, and alternative treatment options;
- Blood tests for transmissible diseases are required for me and my partner (if applicable), before the start of my/our treatment. If test results are abnormal, or not available, or not up to date, treatment may be delayed or cancelled;
- Although a few studies suggest fertility treatments may be associated with negative long-term effects, other studies do not support these findings;
- All reasonable care will be taken, but neither the staff nor the Clinic can accept liability for damage of frozen embryos;
- The staff of the Clinic may review my/our medical chart for selecting potential participants in a research study approved by the MUHC Ethics Review Board;
- I/we will provide the Clinic information about the outcome (result) of treatment and the outcome of any pregnancy resulting from treatment. I may be contacted in the future for long-term follow-up.

Frozen Embryos

- The MUHC Reproductive Centre can release frozen eggs, sperm and embryos only to another centre for assisted procreation. For this type of transfer, both partners must make the request in writing (one month) prior to the date of transfer;
- I/we must remain in contact with the Clinic on an annual basis to reconfirm my/our intent regarding the storage and disposition of my/our frozen embryos. It is my/our responsibility to inform the Clinic of a separation/divorce, change of address or contact information. If I/we fail to make contact with the Clinic for more than 5 years, the Clinic has the right to dispose of frozen embryos according to Ministry guidelines;
- After the first year, storage fees will apply. Retroactive charges will be incurred if I/we fail to remain in contact with the Clinic.

Pregnancy Risks

- The Clinic is required to follow Quebec law in determining the number of embryos that can be transferred at each transfer. In most treatments, a single embryo will be transferred;
- A multiple pregnancy (more than one baby) is more likely when more than one embryo is transferred. The risk of complications during and after pregnancy and at delivery is greater with a multiple pregnancy;
- As in a natural pregnancy, there is a risk of the baby having an abnormality;
- Complications of pregnancy may be greater with infertility and/or treatments of infertility;
- Prenatal testing can identify some fetal genetic abnormalities and should be considered by all patients;
- As in natural conception, there is a risk of ectopic pregnancy (pregnancy outside the uterus), and of miscarriage.

Withdrawal of Consent

- I or my partner can withdraw consent to use my/our frozen embryos. This withdrawal must be given in writing to the Clinic before use of the embryo(s);
- The withdrawal of consent will be acknowledged in writing by a member of the professional staff of the Clinic.

Signature of Consent

I/we understand that the laws of Canada and of the Province of Quebec shall govern the relationship between myself/ourselves and the Clinic and any health professional involved in my/our care.

PATIENT CONSENT

I, the intended parent, have been given time to consider the information in this document and the opportunity to ask questions before signing. I consent to the treatment described in this form.

Patient Name (Print)	*Signature*	*Place (City)*	*Date (YYYY/MM/DD)*
Witness Name (Print)	*Signature*	*Place (City)*	*Date (YYYY/MM/DD)*

PARTNER CONSENT (If applicable)

I, the intended parent, acknowledge that we are being treated together. I have been given time to consider the content of this document and the opportunity to ask questions before signing.

Partner Name (Print)	*Signature*	*Place (City)*	*Date (YYYY/MM/DD)*
Witness Name (Print)	*Signature*	*Place (City)*	*Date (YYYY/MM/DD)*