

FAMILY BEGINNINGS, P.C.
INTRACYTOPLASMIC SPERM INJECTION CONSENT FORM

We, _____ and _____ authorize Family Beginnings IVF lab to perform intracytoplasmic sperm injection (ICSI) as part of an vitro fertilization (IVF) cycle.

Description of Procedure: ICSI involves the injection of a single sperm into the interior (cytoplasm) of an egg in order to achieve fertilization. ICSI is used to increase the possibility that fertilization may occur in certain situations. ICSI is generally offered when: 1.) There was a poor or failed fertilization rate in a previous IVF cycle; 2.) testing on the male partner reveals semen abnormalities that may result in poor or failed fertilization using standard insemination methods; 3.) adequate numbers of sperm are not retrieved on the day of the egg retrieval procedure; 4.) either epididymal or testicular sperm are used in a IVF attempt.

Benefits: ICSI may increase the possibility that eggs will be fertilized during your IVF cycle. This may yield a greater number of embryos potentially available for transfer and thus increase your chances of achieving a pregnancy.

Risks: ICSI does not impose any additional risks to either partner over those with standard IVF. Potential risks include causing damage to the egg during the injection procedure that would result in degeneration (death) of the egg before it can be fertilized. ICSI may result in failed fertilization or abnormal fertilization, which would not yield embryos for transfer. Embryo transfer after ICSI may not result in pregnancy.

Risks associated with offspring born from ICSI procedures are still under investigation. While currently available data suggest that the risk of birth defects or major congenital defects in children born from ICSI is approximately that of the general population (approximately 3%), it is possible that such defects could occur as a result of the procedure. A higher incidence of abnormalities with the Y chromosome in male offspring (2-3% vs. 0.1-0.5%) from ICSI has been suggested. While the implications of such findings remain unclear, it is possible that male offspring may be at higher risk of fertility problems if such abnormalities occur. Because this is a relatively new procedure, there may be additional risks that cannot be foreseen at present. Genetic counseling and/or prenatal testing are available and should be discussed with your physician.

We further understand that factors out of the control of Family Beginnings, P.C. and James Donahue, M.D., e.g. loss of power, mechanical failure, human error or other unavoidable circumstances, may result in loss of oocytes and/or embryos.

We have read this consent form, and understand its contents. We have had the opportunity to ask any questions regarding this procedure, and they have been answered to our satisfaction. We understand that results from our procedure may be reported to governmental agencies and/or used in scientific publications, and that our identities will be kept confidential. By signing this document. we consent to having the ICSI procedure performed.

(patient) (date)

(witness) (date)

(partner) (date)