

FAMILY BEGINNINGS, P.C.
James Donahue, M.D.

OPTIONS CONSENT

Name _____ **SSN** _____

IVF – ET

- 1. Inseminate and/or ICSI all oocytes; transfer two, three or ___ embryos (regardless of number fertilized) and freeze, dispose of all excess embryos.
- 2. Inseminate ___ eggs only (discard excess eggs).
- 3. Other _____

ICSI

- 1. ICSI per consent.
- 2. ICSI if deemed necessary by sperm quality on day of insemination.
- 3. Regardless of circumstances, we choose not to do ICSI.

Assisted Hatching (AH)

- 1. AH per AH Consent
- 2. AH if clinically indicated on day of transfer.
- 3. Regardless of circumstances, we choose not to do AH.

Donor Sperm For IVF

- 1. We **do / do not** wish to use donor sperm on day of insemination.
- 2. If you **do** wish to use donor sperm indicate the percentage of eggs to be Inseminated with donor and husband sperm.
Husband _____% Donor _____%
- 3. We wish to mix donor and husband sperm before insemination of eggs

