

DHMC ASSISTED REPRODUCTIVE TECHNOLOGY PROGRAM

**PARTICIPANTS' REQUEST FOR PARTICIPATION AND RELEASE
IN A FROZEN EMBRYO CYCLE**

We, _____ and _____, hereby certify that we have chosen, freely and after careful deliberation, to have our frozen embryos transferred in a Frozen Embryo Transfer (FET) cycle. Our providers have discussed with us the FET procedure and we have read thoroughly the portions of the in vitro fertilization (IVF) Procedure Description that apply to FET cycles. We understand that risks exist to ourselves and to the frozen embryos regardless of the skill of the physicians and staff involved in the procedure and regardless of the level of care used in administering the procedure. We have had full opportunity to discuss the program and its risks with a physician. The alternatives available to us in lieu of FET have been fully explained and are understood by us.

In requesting that we be permitted to participate in an FET cycle, we understand and agree, jointly and severally, that:

1. Our physicians have reviewed with us to our satisfaction the risks, benefits and current success rate statistics for FET.
2. We understand that, in addition to the risks of injury to the woman and to any child conceived through FET, there may be situations in which fertilized eggs (pronuclear embryos or embryos) will be allowed to die rather than being transferred to the woman. We authorize the members of the assisted reproductive technology (ART) Program staff to take actions with regard to our embryos according to FET protocol or otherwise in accordance with accepted medical principles and procedures.
3. We understand that the risk of having a child with a birth defect is 3% in the general population (without using FET). Some recent evidence suggests that IVF and/or embryo freezing procedures may somewhat increase this risk. We thus cannot rule out the possibility that a birth defect will follow from use of these procedures. We understand that, regardless of the condition of the baby, we would be responsible for the care of any child born of these procedures.
4. We realize that an FET cycle is a precisely timed procedure which relies heavily upon patient participation and cooperation. Patients are required to appear for a variety of tests and procedures, and in all cases it is their responsibility to arrive at the designated location at the assigned times.
5. We understand that the Dartmouth-Hitchcock Medical Center, its component institutions, and the ART Program do not provide financial compensation or reimbursement for medical care in the event that our participation in the ART Program results in physical or psychological injury. In the event that either of us incurs such an injury, the ART Program staff will assist us in gaining access to appropriate treatment, but we agree that we will remain responsible for the cost of such treatment.
6. We agree to assume full responsibility for all costs incurred by us as a result of our participation in the ART Program. We understand that the costs associated an FET cycle are billed according to services rendered and will vary according to the circumstances. We have discussed the factors that may affect cost with a representative of the Business Office of the Mary Hitchcock Memorial Hospital or the Dartmouth Hitchcock Clinic. We understand that most health insurance plans will not cover these costs, and we assume responsibility for determining what portions of treatment, if any, our insurance will cover and for arranging payment.
7. We hereby release the Dartmouth-Hitchcock Medical Center, its component institutions, and internal committees, and their successors (including, without limitation, The Dartmouth Hitchcock Clinic, the Mary Hitchcock Memorial Hospital, the Dartmouth Medical School, the Mary Hitchcock Memorial Hospital Ethics Advisory Committee, and the ART Program) and all physicians, staff personnel and other individuals connected in any way with the ART Program from all common-law, statutory or other liability

15. We would like to do the following, however we understand that our preference may not always be followed and that another course of action may be decided on by the ART Program Staff (Choose one):
- Do a day 3 transfer thawing the fewest possible number of embryos thereby getting greatest possible
 - Do a day 3 transfer and thaw all remaining embryos
 - Do a day 5 transfer thawing as many as needed (note: this could mean thawing all remaining embryos)
 - Other _____
 - Have the ART Program Staff decide these things

16. _____ We agree to the transfer of up to _____ embryos per cycle.

Dated this ____ day of _____, 20__.

Signature of Female Partner

Witness

Signature of Male Partner

INFORMED CONSENT BY DHMC ATTENDING

I have reviewed the risks and benefits of the IVF procedure with the participants

Attending Signature

Date
