

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

Transfer of Eggs Fertilized with Donor Sperm

Please select choice of schedules below that you would like to follow.

1. Transfer donor embryos only if there are no embryos from the husband.
2. Transfer both donor and husband embryos if there are less than ___ husband embryos.

Donor Sperm Choice

1. First choice of sperm No. _____
Lab _____
2. Second choice of sperm No. _____
Lab _____

IVF Back-up Semen Specimen

1. The cryopreserved semen specimen will be discarded approximately 3 months after the IVF procedure, or 12 months if severely low sperm count.

Signed: _____
Patient

Date ____ / ____ / ____

Signed: _____
Partner

Date ____ / ____ / ____

Witness: _____

Date ____ / ____ / ____