



Informed Consent for the Transfer of Frozen Embryos (FET)

I/We have requested treatment from The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine (CRM) of Weill Cornell Medicine, and understand that there are several steps involved in a frozen embryo transfer procedure. It is understood that I will be prepared for the transfer of the embryo(s) in either a natural (unmedicated) or a programmed (medicated) cycle. The embryo(s) will be transferred into the uterine cavity via a catheter placed through the cervix.

Monitoring Protocol

I/We understand that while preparing for a FET cycle, monitoring will include frequent blood drawing and transvaginal ultrasounds. Blood drawing carries the risks of pain and bruising at the puncture site. There may be some discomfort with the transvaginal ultrasound.

I/We understand that the programmed cycle may include the use of the following medications: Lupron, Ganirelix, vaginal progesterone suppositories, oral estradiol, transdermal estrogen patches, intramuscular progesterone, oral low dose corticosteroids and antibiotics. Research studies carried out several years ago indicated that small doses of corticosteroids and antibiotics may be beneficial in protecting the embryos from possible invasion of blood cells and bacteria following the transfer into the uterus. I understand that I will receive corticosteroids in the form of methylprednisolone, and antibiotics in the form of tetracycline or a similar antibiotic, in preparation for the embryo transfer.

Side effects are rare after treatment with corticosteroids. However, corticosteroids may mask signs of infection. New infections may appear during corticosteroid use, and there may be an inability to localize an infection, if one occurs. Side effects may include blood pressure elevation, salt and water imbalance, and increased excretion of potassium and calcium. These medications in high doses have been reported to cause mood swings, insomnia, psychological changes, psychotic manifestations, muscle weakness, impaired wound healing, increased sweating, headache, vertigo, allergic reaction, loss of muscle mass, osteoporosis and abdominal distention.

Side effects from the use of tetracycline may include nausea, vomiting, diarrhea, loss of appetite, skin rash, sensitivity to the sun, and, though rare, hypersensitivity reactions may result in shock or blood abnormalities.

Embryo Transfer

I/We understand that there is no guarantee that any embryo will survive the thawing process. I/We understand that if no embryos survive the thaw, the embryo transfer will be canceled.

I/We understand that embryo transfer into the uterine cavity, via a catheter, will occur after the thawing process. This may cause some cramping, discomfort and, possibly, a small amount of bleeding. Infection is a possible risk and may require antibiotic treatment.

I/We understand that there is no guarantee that any of the embryos transferred will result in a pregnancy.

I/We understand that the outcome of a FET cycle correlates with the number and quality of embryos transferred to the uterus. I/We understand that there is a risk of multiple gestation (more than one baby) following a FET cycle, and that the risk correlates directly with the number of embryos transferred. The risks of multiple gestation include, but are not limited to, preterm labor and the delivery of premature infants that may require intensive care and may have long-term complications associated with prematurity. It is our policy to limit the number of embryos transferred according to maternal age and embryo quality. The purpose of this policy is to maximize the chance of pregnancy while reducing the rate of multiple gestation.

Post-Transfer Management

In an attempt to increase the chance of successful implantation, post-transfer management may include progesterone either by intramuscular injection or vaginal suppository. The progesterone is continued as directed by the IVF team. I/We understand that during this period bloodwork for hormonal evaluations will be performed as instructed.

I/We understand that there is no guarantee that a pregnancy will occur as a result of this treatment. The chance of a successful outcome during treatment has been explained to me/us by the IVF team. I/We understand that I/we am/are responsible for the costs of this treatment cycle, as well as the costs related to my/our participation in any future cycles.

I/We understand that pregnancies resulting from FET are subject to the same complications as pregnancies achieved without medical intervention, such as miscarriage, ectopic (e.g., tubal) pregnancy, preterm labor, or other complications. I/We understand that the IVF team cannot guarantee the health of any infant that results from this procedure. Alternative options (if any) have been explained to me/us by the IVF team.

I/We have been encouraged to ask questions, and any questions that I/we have asked have been answered to our satisfaction. I/We also understand that any future questions that I/we might have, may be answered by a member of the IVF team.

I/We understand that this consent is valid for the current treatment cycle. If additional cycles are pursued, a new consent is required.

NOTE: This document must be signed in the presence of a notary public.

Patient Signature	Print Name	Date	Date of Birth
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State of _____, County of _____. On this, the _____ day of _____, 20_____, in the presence of a notary public, the undersigned officer personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he or she executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

Notary Signature	Print Name		
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Partner Signature	Print Name	Date	Date of Birth
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State of _____, County of _____. On this, the _____ day of _____, 20_____, in the presence of a notary public, the undersigned officer personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he or she executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

Notary Signature	Print Name		
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This consent is valid for ninety (90) days from the above date.