

FERTILITY PRESERVATION CONSENT

1. I, _____ am a voluntary participant involved in the Fertility Preservation Program, which may involve treatment provided by all physicians at Heartland Fertility & Gynecology Clinic, (hereinafter referred to as “Heartland”).
2. I understand that the provision of consent under this Program requires that written consent of all parties be obtained for all procedures contemplated under the Program.
3. I acknowledge that I have viewed the information video for prospective users of the In Vitro Fertilization Program presented by Heartland and have read the information package provided to us by Heartland at that event and understand the information provided to me prior to executing this consent.
4. I understand the nature, purpose, and contemplated effects of the procedures so far as they affect me and acknowledge that their effects have been fully explained to my satisfaction by the medical officer(s) concerned at Heartland.
5. I acknowledge the details of the procedures have also been explained to me, including the estimated length of time they may take, the estimated frequency with which the procedures may be performed and the eventual use of micromanipulation for fertilization (ICSI) or assisted embryo hatching. I understand the risks of ultrasound guided oocyte retrieval as well as ovarian stimulation, and am aware that discomfort may be expected and that complications may occur including bleeding, infection, trauma to internal organs and Ovarian Hyperstimulation Syndrome (OHSS).
6. I understand that the medications used for ovarian stimulation treatment cycles promote the maturation of numerous follicles from which oocytes (eggs) may be harvested during the retrieval procedure and that there is a small (less than 3%) risk of over-stimulating the ovaries associated with the drugs used. OHSS may require hospitalization.

7. I understand that a separate Gamete Cryopreservation Consent will be signed and I have been advised to obtain independent legal advice with respect to the disposal of eggs or embryos in certain circumstances including but not limited to separation, divorce, death, non-payment of fees or failure to maintain contact with Heartland.
8. I understand that the thaw, fertilization and transfer of frozen eggs/embryos will only be done with my written consent. I am aware that separate consent forms and fees will apply to this process.
9. I understand that, while the purpose of these procedures is to retrieve and cryopreserve my oocytes, it has also been explained that no guarantee of success can be given for any step of the process including but not limited to: may not down regulate; non response to stimulating medications; the time of ovulation may be misjudged, unpredictable, may have already occurred; no eggs may be obtained from retrieval; some or all of the eggs may not survive the freeze/thaw process or fertilize or implant.
10. I, the undersigned, recognize that I have been informed to my satisfaction of the nature of the following procedure: Fertility Preservation Cycle. I have been informed of the risks and chances of success/failure of the said procedure. Despite the information received, I voluntarily and knowingly agree to undergo Fertility Preservation Cycle, and fully assume the risks and consequences associated with this procedure. In case of failure of the procedure, it is understood that the fee that I shall have disbursed will not be refunded to me by Heartland Clinic.

WITHDRAWAL OF CONSENT

1. I understand that I may at any time withdraw my consent to undergo any procedure.
2. I understand to withdraw my consent for use of my reproductive material Heartland Clinic must be notified in writing.

CONSENT AND ACKNOWLEDGMENT

IN SIGNING THIS CONSENT, I ACKNOWLEDGE THAT I HAVE BEEN GIVEN SUFFICIENT TIME TO CONSIDER MY ACTIONS AND TO SEEK SUCH INDEPENDENT LEGAL OR OTHER ADVICE AS I DEEM APPROPRIATE PRIOR TO EXECUTING THIS DOCUMENT AND THAT:

1. I have read and we understand this document.
2. I have read and understand the written information package provided by Heartland.
3. I have discussed the written information package provided with a Heartland physician, who has provided us ample opportunity to ask any questions regarding the Fertility Preservation In Vitro Fertilization Program and has answered my questions to my satisfaction prior to the execution of this document.
4. I agree that the relationship between the undersigned and Heartland Clinic will be governed and construed in accordance with the laws of the Province of Manitoba and that the courts of the Province of Manitoba will have sole jurisdiction to hear any complaints.
5. I acknowledge that this document is by no means a complete record of my conversations with Heartland physicians and staff.
6. I have decided to participate in the Heartland Fertility Preservation Program and consent to the procedures and treatments described in the patient information package and in discussions with Heartland staff.
7. I am giving this consent freely and without pressure or coercion.
8. I am of eighteen (18) years of age or older. (yes/no) __. If no, an emancipated minor, or co-signed by a parent/legal guardian

DATED on this _____ day of _____, 20_____

Name _____ Parent/Legal Guardian (if applicable) _____

Witness _____ Witness _____

I have consulted with and explained the contents of this Consent Form to the patient.

DATE: _____

SIGNATURE OF PHYSICIAN: _____