


# CONSENT FOR MICROMANIPULATION

INTRA-CYTOPLASMIC SPERM INJECTION (ICSI)

TO BE COMPLETED IN CONJUNCTION WITH CONSENT TO IVF (CON 15)

PLEASE PRINT IN BLOCK LETTERS

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| We (full name of patient) |  (DOB) |   |
| and (full name of partner) |  (DOB) |   |

of (address)

 Post Code

have requested the staff working in The Fertility Centre at the Chelsea and Westminster Hospital to help us to have a child by ICSI and embryo transfer.

We have had a full discussion with (name of Dr) and read the patient information sheet entitled “Patient Information ICSI” and fully understand the implications arising from the procedure.

WE UNDERSTAND THAT:

1. This procedure will not guarantee fertilisation of the injected eggs.
2. As in natural conception there is also a small risk of foetal malformation and that this risk may be increased following micromanipulation.
3. There are prenatal tests that can be carried out following our ICSI treatment.
4. We consent to ICSI being carried out on our eggs and we are fully aware that there is no guarantee of a successful outcome using this procedure.
5. Treatment may have to be abandoned at any time if there are any problems in the laboratory or with the culture system.
6. Whilst every effort will be made to ensure that my eggs and/or embryos are maintained under the most optimal conditions, The Fertility Centre cannot accept any responsibility for loss due to equipment failure, fire and full perils.
7. If we are self-funded there is additional costs associated with the ICSI procedure (please refer to the pricelist)

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| --- | --- | --- | --- |
| Signature of PatientSignature of Partner |    | Date:Date: |    |
| Doc: CON 13Last Review: December 2021 Next Review: December 2022 |  |  | Version 4 Written / Approved By: PA / QMConsent to ICSI |

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