



**THE FERTILITY CENTRE**  
Chelsea and Westminster Hospital  
West Middlesex University Hospital

## IN VITRO FERTILISATION CONSENT FORM

PLEASE PRINT IN BLOCK LETTERS

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 in vitro fertilisation (IVF) and embryo transfer.

We have had a full discussion with (name of Dr) .....  
and read the Patient Information booklet.

### 1. WE UNDERSTAND THAT:

- a) Hormones and other drugs are administered to the woman to stimulate the ovaries to produce follicles that contain the eggs.
- b) We consent to these procedures and to the administration of such drugs to the woman as may be necessary.
- c) We understand and accept that there is no guarantee of success.
- d) It is not possible to guarantee that eggs will develop in a given cycle and that occasionally cycles have to be abandoned before egg collection.
- e) Eggs are not always recovered at the time of egg collection.
- f) Treatment may be abandoned at anytime if there are any problems in the laboratory or with the culture system.
- g) The eggs will be retrieved by means of ultrasound directed follicle aspiration.
- h) The eggs will be inseminated with your partner's sperm (or donor sperm if specified on the consent form), and that the inseminated eggs may fail to fertilise and embryos may fail to develop.
- i) Embryos resulting from successful fertilisation will be incubated in the laboratory until the time of transfer.
- j) The selection of the most suitable embryos for transfer will be made by the embryologists.
- k) Medical and embryological staff will speak with us and advise us on the number of embryos for transfer to the uterus prior to the procedure. One or two embryo(s) will be transferred unless the woman is over 40 years of age at the time of transfer. Any remaining embryos will be left to perish unless otherwise directed on additional in-house consent forms.

2. WE UNDERSTAND AND ACCEPT THAT:

- a) There are risks related to egg collection; these will be discussed with you on the day of the procedure.
- b) Once the egg collection has been performed the fee for treatment is non-refundable even if no eggs are collected.
- c) There is no guarantee of success.
- d) Occasionally follicles will not develop in response to hormone stimulation and sometimes cycles have to be abandoned before egg collection.
- e) Eggs are not always recovered at the time of egg collection.
- f) Eggs may fail to fertilise or embryos fail to develop.
- g) If the cycle is cancelled prior to egg collection a cancellation fee is due. (If your cycle is CCG funded, the CCG will regard this cancelled cycle as your funded treatment).
- h) Treatment may have to be abandoned at any time if there are any problems in the laboratory or with the culture system.
- i) The drugs taken to stimulate the ovaries may lead to a risk of ovarian hyperstimulation.
- j) Should a pregnancy result, there is a small risk of miscarriage or ectopic pregnancy. As in natural conception there is also a small risk of foetal abnormality.
- k) IVF increases the risk of multiple pregnancies which in itself is associated with a higher risk of significant complications to mother and babies.

3. WE HAVE BEEN OFFERED COUNSELLING ENABLING US TO DISCUSS THE IMPLICATIONS OF THE PROPOSED TREATMENT. COUNSELLING WILL ALSO BE AVAILABLE TO US DURING AND AFTER THE TREATMENT.

4. WE UNDERSTAND THAT WHILST EVERY EFFORT WILL BE MADE TO ENSURE THAT MY EGGS, EMBRYOS AND/OR SEMEN SAMPLE ARE MAINTAINED UNDER THE MOST OPTIMAL CONDITIONS, THE FERTILITY CENTRE CANNOT ACCEPT ANY RESPONSIBILITY FOR LOSS DUE TO EQUIPMENT FAILURE, FIRE AND FULL PERILS.

5. WE HAVE BEEN GIVEN TIME TO CONSIDER THE CONTENTS OF THIS DOCUMENT AND WE HAVE BEEN GIVEN THE OPPORTUNITY OF MAKING FURTHER ENQUIRIES BEFORE SIGNING.

Signature of patient ..... Date: .....

Signature of partner..... Date: .....

If you are funding your own treatment cycle:

If your IVF cycle is cancelled before egg-collection, you will pay a cancellation fee. If you have an egg collection procedure and there are no eggs collected, or if the eggs fail to fertilize or the embryos fail to survive, you are liable to pay the whole fee for your treatment.

If you are NHS Funded:

If your IVF cycle is cancelled before egg-collection, you will pay a cancellation fee in order to keep your funded cycle. If you have an egg collection procedure and there are no eggs collected, or if the eggs fail to fertilize or the embryos fail to survive, your CCG will be charged the whole fee for your treatment.