



Consent for Fertility Treatment During COVID Pandemic

Background:

Since early 2020, the COVID-19 pandemic has changed the way we live and work. At Advanced Reproductive Center, we continue to make every effort to ensure the safety of our patients and staff, including adapting our safety guidelines to reflect the most up to date recommendations from Federal and State agencies. However, COVID-19 is not likely to be completely eradicated and certain health risks remain. In conjunction with the American Society of Reproductive Medicine (ASRM) we encourage our staff and patients to remain safe in their daily interactions and up to date with current vaccination recommendations. ASRM has published FAQs related to COVID-19 on their website at <https://www.reproductivefacts.org/faqs/faqs-related-to-covid-19/>.

Risks:

____/____ I/We understand that fertility treatment requires multiple appointments. I/We understand that at each of these appointments I/we will be exposed to other people such as other patients, office staff, embryologists, nurse anesthetist, nurses etc. I/we understand that The Advanced Reproductive and aParent IVF laboratories are taking precautions to minimize my/our exposure during our visits including enhance cleaning, enhance patient screening, requiring use of a mask, social distancing, limiting access to the offices etc. I/we acknowledge that even though these precautions are being put in to place there is no way to eliminate the risk of catching the virus. I/we understand that if I/we do become infected with the new Coronavirus I/we and all of our contacts including family members will be at risk for developing COVID-19 which can result in severe consequences including death.

____/____ I/We agree that if we are feeling ill (including fever, shortness of breath, fatigue, loss of smell or taste, chest pain, cough, trouble breathing etc.) before or during my/our fertility cycle we will immediately notify the staff at the Advanced Reproductive Center by phone and avoid coming to the office. I/We understand that in the event I/we develop any symptoms of COVID-19 before or during our fertility cycle, the fertility cycle will be canceled.

____/____ I/we understand that anyone undergoing testing or treatment that requires anesthesia, including an IVF retrieval, will be required to be tested for COVID-19 and provide the clinic with an official copy of the test results before the procedure. I/we understand if the test results are inconclusive or if the person undergoing the procedure is found to have COVID-19 or if they are unable to obtain testing or provide the clinic with an official copy of the test results before the procedure, the procedure will be canceled. I/we understand that The Advanced Reproductive will help facilitate COVID-19 testing but the ultimate responsibility to arrange the testing, have the testing performed and provide results to the clinic in a timely fashion is my/our responsibility. I/We also understand will be financially responsible for the testing.

____/____ I/we understand that for couples (who include a male partner and use sperm from that male partner) undergoing an IVF retrieval the male partner will be required to be tested for COVID 19 around the time of the egg retrieval.

____/____ I/we understand that testing for COVID 19, for me or my partner, may be required multiple times during my/our fertility treatment cycle. I/we understand once the testing sample is obtained I/we must self-quarantine until the procedure.

____/____ I/we understand that my/our fertility testing and/or treatment cycle may be canceled at any time. I/we understand that I/we can cancel the cycle or the cycle per could be canceled at The Advanced Reproductive Center's sole discretion. I/we understand that possible reasons for cycle cancellation include change in the current COVID-19 environment, lack of adequate personal protective equipment, lack of adequate COVID-19 testing etc.

____/____ I/we understand that if the fertility testing/treatment cycle is canceled there may be financial costs including costs for treatment and testing that has already been performed and medication costs. I/we also understand that it is psychologically difficult when fertility testing/treatment cycles are canceled.

____/____ I/We understand that COVID-19 may increase pregnancy risks. Currently the data on COVID-19 and pregnancy is limited. COVID-19 may be worse in people who are pregnant and pregnant women may be more susceptible to COVID-19 infections. It is not known if a pregnant woman is more likely to develop the disease or if COVID-19 can be transmitted to an unborn child. COVID-19 may be associated with adverse outcomes for the pregnancy including severe lifelong uncorrectable medical conditions for the baby, preterm labor, preterm delivery, mental retardation for the baby, issues with fetal growth, and unknown risks. Women who are pregnant and develop COVID-19 may not be able to receive some of the medications that are currently being used to treat the disease. I/we also understand that COVID-19 is associated with fevers and fevers, especially in the first trimester, may be associated with abnormalities in offspring including issues such as heart defects, neural tube defects (malformation of the spinal cord and/or brain) and autism. While we do not know the effects of COVID-19 on women who are pregnant and their offspring, we do have evidence from past pandemics/epidemics. In past pandemics/epidemics pregnant women were more likely to be infected, they were more likely to have severe disease and death. This evidence also indicates that past pandemic/epidemics may be associated with an increase in miscarriages, stillbirths, offspring with birth defects and preterm delivery.

I/we have had a chance to talk about COVID-19 and fertility treatment with our physician. I/we understand all the risks and that there may be unknown risks as well. I/we have had all of my/our questions answered by our physician. By signing below we acknowledge that after careful consideration we have decided to proceed with fertility treatment during the COVID- 19 pandemic and accept all the risks outlined above and those unknown and agree to abide by the above conditions and all recommendations made by The Advanced Reproductive Center.

Patient Print name

Patient Signature

Date

Partner Print name

Partner Signature

Date