



**— Informed Consent for HIV (Human Immunodeficiency Virus) —
Antibody Testing and Information Release**

Explanation

This document is an informed consent for testing for antibodies to the Human Immunodeficiency Virus (HIV)

Testing Procedure

The test is performed by the drawing of a blood sample and conducting laboratory tests to determine the presence of antibodies to HIV. The test does not indicate the presence of AIDS (Acquired Immunodeficiency Syndrome) but exposure to the HIV virus. HIV exposure would modify the treatment approach by the Advanced Reproductive Center.

Reason for Testing

It is recommended by the CDC (Center for Disease Control) and the ASRM (American Society of Reproductive Medicine) that all patients and partners be tested for HIV prior to any and all treatment that would present with bodily fluids.

Result Reporting

Test results will be released only to the Advanced Reproductive Center and the Illinois Department of Public Health (if positive). Under the law in the State of Illinois, test results may only be made to specific persons such as physicians and healthcare providers in the use of any donated organs or tissue, the Illinois Department of Public Health, healthcare facility staff committees and research studies (anonymously) and to healthcare providers that may have accidental contact with skin, membrane or body fluids that have the capability of transmitting HIV.

False Positive and Negative Results

Under certain circumstances false positive (the presence of HIV antibodies) or false negatives (no HIV antibodies present) have been reported. Further testing may be necessary to determine the accuracy of results.

Confidentiality

All reasonable efforts will be made to keep information obtained confidential to the extent provided by the law. Reporting of positive test results to the Illinois Department of Public Health is required.

Waiver of Confidentiality

A waiver of confidentiality may be necessary to obtain financial and/or medical benefits from insurance companies, Public Aid, etc. This means that information regarding this test, including the results, will be disclosed to third party payers.

Decline Testing

Patients may decline consent or withdraw their consent anytime prior to the completion of the laboratory test. However, HIV testing would need to be completed by the patient and partner prior to any procedures being performed.

Consent

I have been advised by my/our physician as to the nature and limitations of the HIV antibody test, and the confidentiality protections surrounding this testing.

Patient Printed Name

Patient Signature

Date

Advanced Reproductive Center

Zika Virus

The below information is based off of the Center for Disease Control's (CDC) website. The most up to date information can be found on the CDC website at <http://www.cdc.gov/zika/>.

Zika virus is a mosquito-borne flavivirus. It is primarily transmitted by *Aedes aegypti* mosquitoes. Infection with Zika virus is asymptomatic in an estimated 80% of cases. When Zika virus causes illness, symptoms are generally mild and self-limited. Currently, no vaccine or medication exists to prevent or treat Zika virus infection. Persons residing in or traveling to areas of active Zika virus transmission should take steps to prevent Zika virus infection through prevention of mosquito bites.

Recent evidence suggests an association between maternal Zika virus infection and adverse fetal outcomes, such as congenital microcephaly (problems with brain development), as well as a possible association with Guillain-Barré syndrome. Infection with the virus usually occurs through a mosquito bite but can occur through blood transfusion and sexual contact. Therefore, it is recommended that anyone trying to conceive or who is pregnant avoid travel to any Zika affected area and/or avoid sexual relations with anyone that has traveled to a Zika affected area.

The list of Zika affected areas is evolving rapidly. To see a current list of affected areas please go to <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. If travel to an affected cannot be avoided then precautions should be made to decrease the risk of mosquito bites. CDC recommendations on mosquito bite prevention can be seen at <http://www.cdc.gov/zika/prevention/index.html>.

At the Advanced Reproductive Center minimizing risks to you and your offspring is of paramount concern. If you or your partner may have been exposed to the Zika virus (including traveling to an area of active Zika virus transmission) or has the Zika virus the CDC recommends the following precautions:

Women who have Zika disease symptoms should wait at least 8 weeks after symptoms appear, and men should wait 3 months, before attempting reproduction.

Women with possible exposure to, but not showing symptoms of, Zika should wait at least 8 weeks after last possible exposure, before attempting reproduction.

Men with possible exposure to, but not showing symptoms of, Zika should wait at least 3 months after last possible exposure, before attempting reproduction.

Our understanding of the Zika virus is rapidly evolving and while following the CDC guidelines will likely minimize the risks of having an affect offspring they may not eliminate the risk. Since the above guidelines may change as new information regarding the virus is obtained, if you or your partner may have had or been exposed to the Zika virus we recommend that you avoid conception and consult the CDC website regarding their latest recommendations before resuming attempts to conceive.

I have read, and understand the above. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I understand that I should consult the CDC website in order to obtain the most up to date information on Zika virus and recommendations to minimize the chance of having an affect child.

Signature

Date



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

Advanced Reproductive Center

Risk of Multiple Pregnancy with Infertility Treatment

Patient's Name: _____

Partner's Name: _____

Infertility treatment with ovulation stimulation medications carries an increased risk of multiple pregnancies, including twins, triplets and higher order gestations. The chance of multiple pregnancies (typically twins) is approximately 8% with oral medication such as Clomid and Letrozole. This risk increases to 20 to 30% with the use of injectable gonadotropins such as Follistim, Gonal F, Menopur etc. The risk of multiple pregnancy in the general public is around 1%.

The risk of multiple pregnancies is difficult to control with oral and injectable medications because of the uncertainty regarding the number of mature follicles produced as a result of the ovarian stimulation medications. During the ovarian stimulation cycle, response to medication will be monitored with ultrasound and blood work. If the risk of multiple pregnancy is deemed to be too high the cycle will be cancelled. In the case of a cancelled cycle you should avoid unprotected intercourse.

When IVF is the procedure used for assisted reproduction the risk of multiple pregnancy is related to the age of the patient, the number of embryos transferred and embryo quality. If one embryo is transferred the multiple pregnancy rate is 1 to 2%. This is due to the risk of identical twinning (when a single embryo splits in two) which can happen with any type of infertility treatment. If multiple embryos are transferred the risk of multiple pregnancy can be as high as 50% with the majority being twins.

All multiple pregnancies carry increased risks to both the mother and the infant. Risks to the mother include but are not limited to: premature labor, premature delivery, pregnancy loss, maternal hemorrhage, cesarean section, high blood pressure, preeclampsia, gestational diabetes etc. Risks to the infant include: low birth weight, long term developmental disabilities, multiple lifelong health problems and even death. The magnitude of these risks is related to the number of embryos that successfully implant into the uterus. For example the risk of preterm delivery with twins is about 50% while with triplets it is about 92%.

In the case of a multiple pregnancy (usually involving 3 or more fetuses) there is a procedure called selective reduction. This procedure is usually done by an obstetrician and involves reducing the number of fetuses to one or two in an attempt to reduce the risk of a pregnancy loss and preterm delivery. The selective reduction procedure itself has associated risks, including miscarriage of the entire pregnancy. Selective reduction can be a difficult choice for some

Advanced Reproductive Center

Risk of Multiple Pregnancy with Infertility Treatment

patients. If you do conceive with multiples and wish to consider selective reduction it is best to talk with a physician who specializes in the procedure so that you can fully understand the potential risks and benefits.

I/We have received a copy of *Complications and Problems Associated with Multiple Births*, published by the American Society For Reproductive Medicine

Initial: Patient_____ Partner_____

I/We have considered all the information provided to me/us and have had ample opportunity to ask questions and all my/our questions have been answered to my/our satisfaction. I/We acknowledge the risks of multiple pregnancy resulting from the use of infertility treatment and agree to proceed with this treatment.

Patient signature

Date

Partner signature

Date

Witness signature

Date

Witness printed name



Fact Sheet

From ReproductiveFacts.org



The Patient Education Website of the American Society for Reproductive Medicine

What do I need to worry about with a multiple pregnancy?

Women who take fertility medicines to get pregnant have a higher chance of having more than one fetus in a pregnancy. Fetus is the term for developing humans from 11 weeks of pregnancy until birth. A multiple pregnancy or multiple gestation may have 2 fetuses (twin pregnancy), 3 fetuses (triplet pregnancy), or other (high-order multiple pregnancy). Each added fetus raises the chances of having a risky pregnancy and can be dangerous for both the mom and babies. Early (preterm) birth is one of the most common problems.

What are some problems with having a multiple pregnancy?

Pregnancy loss

The more fetuses there are in the womb, the more likely it is that the pregnancy will end in miscarriage, premature delivery, or stillbirth. Sometimes one or more of the fetuses will no longer be seen with ultrasound, called vanishing twin syndrome. In fact, 1 out of 3 pregnancies with more than one fetus will naturally reduce its number very early in pregnancy.

Problems for the babies

Many problems are linked to the babies being born early (prematurity). Premature babies can have problems with their lungs, stomach, and bowels, and even die. Some require long stays in the neonatal intensive care unit. Prematurity can also cause problems with bleeding in the brain, which can lead to problems with the baby's nervous system and development. Prematurity can cause problems with movement and mental retardation, including cerebral palsy. Some problems may not be noticed until the children are older.

Problems for the mother

The risk of pregnancy complications goes up with each fetus in the womb. Some women can develop high blood pressure in pregnancy, called preeclampsia or toxemia of pregnancy. This can be dangerous and it can cause preterm birth, seizures, and, in extreme cases, death of the mother. Gestational diabetes (problems with high blood sugar) is more likely with a multiple pregnancy. In the early stages of a multiple pregnancy can also have more nausea, vomiting, and constipation than a woman carrying one baby. Problems with bleeding before and after the delivery are also more common.

What can I do if I have a multiple pregnancy?

If you are carrying more than one fetus, talk with your doctor and partner about your options. Multiple pregnancy often means specialized obstetric care, especially for triplet and other high-order multiples. Many complications cannot be prevented, but getting good care is important to reduce your risks. Some women may choose to have a procedure called multifetal pregnancy reduction. This can be used to reduce the number of fetuses to a smaller number to increase the chances of having just one or two healthy child(ren). Women with serious health problems may consider this necessary to make the pregnancy less risky.

Revised 2014

For more information on this and other reproductive health topics, visit www.ReproductiveFacts.org