

CONSENT TO EMBRYO BIOPSY FOR THE PURPOSE OF PREIMPLANTATION GENETIC DIAGNOSIS

- ❖ CNY Fertility Center invites your consent to participate in an Embryo Biopsy procedure for the purpose of Preimplantation Genetic Diagnosis (PGD) in association with your In Vitro Fertilization (IVF) procedure.
- ❖ The entire procedure consists of essentially five separate steps. This consent is for the second and third portions of the procedure. Additional consents will be required for the remaining steps.
 - i. Oocytes are retrieved and fertilized. Resulting embryos are cultured to Day 3.
 - ii. Embryo biopsy is performed whereby one cell of the embryo is removed.
 - iii. Processing and/or fixation of the cell in preparation for analysis.
 - iv. Analysis of the cell is performed by a reference laboratory.
 - v. Embryo transfer of the unaffected embryo(s) to the female patient.
- ❖ The preferred method for Embryo Biopsy is to remove one cell from the developing embryo on Day 3 of culture. At this stage, the embryo typically is comprised of 6 to 10 cells, each with a full complement of chromosomal material. In this procedure, a small opening is made in the zona (shell) of the embryo, and a single cell is removed using a micropipette. It is occasionally necessary to remove a second cell in certain circumstances. The embryos remain incubated while the cell is being analyzed.
- ❖ CNY Fertility Center believes the risks involved in the microsurgery of the embryos to be acceptably low. Although limited studies on human embryos have been done thus far, preliminary evidence suggests that the risk of problems caused by the procedure is low. The procedure is still relatively new, and therefore the major risk is that the procedure will not be successful despite all efforts.
- ❖ Although a rare occurrence (less than 1%), it is possible that embryo(s) may be accidentally damaged during biopsy, and cease development. Embryo biopsy may fail due to unforeseen technical malfunctions, such as loss of a cell during processing, or shipment.
- ❖ Fees for Embryo Biopsy are in addition to the cost of the IVF cycle.
- ❖ Should you decide to participate in the procedure, you are free to discontinue participation at any time at any time up to the time of biopsy.

We hereby attest that we have read the entire consent form or it has been read to us so that we understand it completely. We further attest that we had had the opportunity to ask questions, and any and all questions have been answered to our complete satisfaction.

Female Patient Name: _____

Signature: _____

Date Signed: ___/___/___

Male Patient Name: _____

Signature: _____

Date Signed: ___/___/___

Witnessed by: _____

Signature: _____

Date Signed: ___/___/___