

The Bangkok IVF doctors of the *S.M.A.R.T.* infertility clinic of *Synphaet* Hospital in Thailand use a 16-page **Informed Consent Form** for all couples seeking infertility treatment who do not read Thai. The six sections, which each require signatures, are:

1. Consent for Assisted Reproductive Technology Treatment (IVF)
2. Consent for Embryo Cryopreservation (Embryo Freezing)
3. Consent for Microassisted Fertilization (ICSI Treatment)
4. Consent for Microassisted Hatching (Laser Assisted Hatching)
5. Consent for Use of Donor Oocyte/Embryo (Donor Egg used)
6. Consent for Use of Donor Sperm (Sperm Donor used)

This is **Section Two**. We provide each section separately but the actual document is a single 16-page document.



The Royal Thai College of Obstetricians and Gynecologists

Consent Form for Assisted Reproductive Technology Treatment

Consent for Embryo Cryopreservation

Explanation

Embryo cryopreservation is a process which involves the freezing of embryo(s) for future transfer into the uterus in an ovulatory or an artificially-prepared cycle.

Embryo cryopreservation is employed in the following situations:

1. When there is an excess of viable embryos after a certain number of embryos have been selected and transferred into the uterus during an attempted cycle. This technique increases the chance of pregnancy per egg retrieval. If a pregnancy has not been established the first attempt, the cryopreserved embryo(s) can be thawed for another transfer during the next cycle. If the initial embryo transfer is successful, the cryopreserved embryo(s) can be kept frozen until the couple is ready to have another child.
2. With assisted reproductive technology, some conditions conducive for a transfer of embryo(s) into the uterus during an attempted cycle may sometimes be unattainable. For example, the patient may be at high risk of ovarian hyperstimulation syndrome, or she may have an intrauterine abnormality, or there is an asynchrony between the cycles of the donor and recipient. In such events, the physician may recommend that all embryo(s) be cryopreserved for future transfer in a natural or an artificially-prepared cycle, after the uterine abnormality has been successfully treated.

The thawing process returns the embryo(s) to physiological environment that will allow further embryo development. Embryo(s) will be evaluated and selected for a transfer according to the established laboratory standard procedures. In general, a survival rate of the frozen/thawed embryo(s) is approximately 70%, while the chance of pregnancy establishment for each transfer is around 30%. This pregnancy rate is similar to or a little below the success rate of an embryo transfer in a fresh cycle.

Embryo cryopreservation is considered a safe medical practice that does not cause a higher rate of congenital abnormalities (birth defects) than it would have been with non-cryopreserved (fresh) embryos. Since there is no need for another cycle of ovarian stimulation, oocyte retrieval or in vitro fertilization, the technique of embryo cryopreservation helps reduce the overall cost of assisted reproductive technology treatment.

As both husband and wife have a joint ownership to these embryo(s), any decision concerning embryo utilization must be decided by both partners, unless they agree otherwise as stipulated by law.

Consent Form

The various steps of embryo cryopreservation service have been explained to us. We are fully aware of the indications of this procedure and upon reading or having the explanations of embryo cryopreservation read to us, we had an opportunity to ask questions and these questions have been answered to our satisfaction. In signing this consent form for embryo cryopreservation, we realize that we have the right to withdraw from this service at any time, without jeopardizing our future medical care.

We, both husband and wife, wish to receive cryopreservation service under the care of Dr Napadon Yaibuates MD and his/her staff for a period of not more than 5 (five) years from the date of our signatures on this document. This consent period can be extended for a period of 5 (five) years each time, if necessary.

In the event that the embryo(s) cannot develop into a baby or that there is an abnormality in their continued development, which are not due to acts of negligence on the part of the

gynecologist, following a procedure carried out under the established standard medical practices, we, both husband and wife, will not claim any damages.

We, both husband and wife, fully understand and acknowledge that children born as a result of cryopreserved embryo transfer may develop some abnormalities at a similar rate as children born as a result of a transfer of the embryo(s) that has not been cryopreserved.

We, both husband and wife, understand and agree that any handling of the embryo(s) conceived by us is our joint decision with regard to the present and future laws. At this stage, we both consent to the handling of our embryos(s) in the following manner:

1. In the event of the death of The Husband, we want the rights to the cryopreserved embryo(s) to remain under the decision of:
 - The Wife
 - the responsible authority of the hospital
2. In the event of the death of The Wife, we want the rights to the cryopreserved embryo(s) to remain under the decision of:
 - The Husband
 - the responsible authority of the hospital
3. In the event of both our deaths, we want one of the following actions to be taken regarding our cryopreserved embryo(s):
 - destroyed
 - remain under the management of the hospital

4. In the event that we become divorced, we want one of the following actions to be taken regarding our cryopreserved embryo(s):

destroyed

remain under the management of the hospital

remain under the responsibility of The Husband

remain under the management of The Wife

other (please specify)

5. In the event that both of us cannot or do not want to be responsible for the management of our embryo(s) or fail to contact the hospital for more than 1 (one) year or cannot undertake the financial responsibility for the embryo(s) cryopreservation, we consent to the embryo(s) being used for research purposes or to their elimination according to the rules or regulations of the Medical Council of Thailand.

Signature

(.....) The Wife

Signature

(.....) The Husband

Signature

(.....) Witness

Signature

(Dr Napadon Yaibuates MD)

Attending physician and provider of explanations

Date Month.....Year.....