

Hyperstimulation / IUI Consent

We, the undersigned, hereby consent to our voluntary involvement in the procedures of the Hyperstimulation/ Intrauterine Insemination (“HS/IUI”) Program which may involve treatment provided by all physicians at Heartland Fertility & Gynecology Clinic (Heartland).

We understand that oral or injectable medications are used for HS/IUI treatment cycles for the production of numerous follicles from which oocytes (eggs) may be released. With the use of these medications, there is a risk of formation of ovarian cysts or over-stimulating of the ovaries, which may result in canceling the cycle. A possible option for over-stimulation is converting to an In Vitro Fertilization Cycle.

We understand that a semen sample will be required for laboratory preparation. The prepared specimen containing sperm will be placed into the uterine cavity by using a catheter passed through the cervix at the expected time of ovulation.

While the purpose of the HS/IUI procedure is to establish a viable pregnancy, we have been advised and understand that no guarantee of success can be given including but not limited to: may not respond to stimulating medication, the time of ovulation may be misjudged, unpredictable, may have already occurred. From presently available information, we understand that the chances that we will achieve pregnancy by this procedure are approximately _____ %.

We understand that even if pregnancy is successfully established the possible risk of fetal malformation occurring and are aware of the availability of tests to detect some fetal malformation during pregnancy. We also accept the possible risk of multiple pregnancy and/or tubal pregnancy arising from these procedures.

We understand the possible risks and discomforts associated with this procedure. During intrauterine insemination cramping can occur. There is a small risk of infection, currently estimated at much less than one in 100.

We understand that we may at any time withdraw our consent..

ACKNOWLEDGMENT OF THE PROVISION OF INFORMATION

IN SIGNING THIS CONSENT, We acknowledge that we have been given sufficient time to consider our actions and to

seek such independent legal or other advice as we deem appropriate prior to our execution of this document and that:

1. We have read and understand this document and Schedule A attached hereto.
2. We have read and understand the written information package provided by Heartland.
3. We have discussed the written information package provided with a Heartland physician, who has provided us ample opportunity to ask any questions regarding the HS/IUI Program and has answered our questions to our satisfaction prior to our execution of this document.
4. We acknowledge that while the purpose of the HS/IUI procedure is achieve a pregnancy, no guarantee or as- surance has been made to us by Heartland as to the results that may be obtained by participating in the HS/IUI Program.
5. We acknowledge that this document is by no means a complete record of our conversations with Heartland physicians and staff.
6. We have decided to participate in the Heartland HS/IUI Program and consent to the procedures and treatments described in the patient information package and in discussions with Heartland staff. We are of eighteen (18) years of age or older.

DATE

DATE

SIGNATURE OF FEMALE PARTNER

SIGNATURE OF PARTNER

SIGNATURE OF WITNESS

SIGNATURE OF WITNESS

I hereby consent to the preparation and use of my sperm for the insemination of my partner with the intent to achieve a pregnancy using the HS/IUI procedure.

DATE

SIGNATURE OF MALE PARTNER

SIGNATURE OF WITNESS

I have consulted with and explained the contents of this Consent Form and Schedule A attached hereto, to the patient and her partner.

DATE

SIGNATURE OF PHYSICIAN