



Atlantic Assisted Reproductive Therapies
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CONSENT TO UNDERGO A CYCLE OF CONTROLLED OVARIAN HYPERSTIMULATION (COH)

COH is a process where the prospective mother receives medication to stimulate her ovaries to produce multiple eggs(oocytes). This process requires careful monitoring with transvaginal ultrasound examination(s) and blood tests (estrogen and luteinizing hormone [LH]). Ovulation then occurs spontaneously or is 'triggered' using an injection of Human Chorionic Gonadotropin (HCG). Attempted fertilization then takes place either by timed natural intercourse or intrauterine insemination. In signing this consent, I/ we agree that we understand these processes and have read about them in the AART COH and IUI information brochures. I/ we understand the following:

1. There is no guarantee that pregnancy will occur following a cycle of COH treatment.
2. A cycle of treatment may be cancelled at any stage.
3. I am aware of the AART fee schedule and agree to pay the appropriate fees.
4. That in general the success rate of the treatment is between 10 - 20% but may vary depending upon a number of factors. Such factors include my age (female partner), blood FSH level, cause of infertility, number of prior attempts at treatment, and the quality of sperm being used. In signing this agreement, I/ we agree that I/ we have discussed all of these factors with my /our physician.
5. I/ we acknowledge that the cost of medication is additional to the AART treatment fees and will be borne by me/ us.
6. I/ we acknowledge that there is a risk of multiple pregnancy (approximately 20%) associated with this treatment. Moreover, there is a risk of high order multiple pregnancy including triplets, quads, or more.
7. I/ we understand that the chance of problems developing during pregnancy are greater if a multiple pregnancy occurs.
8. I/ we understand that there are complications associated with this treatment as outlined in the AART information brochure. These include (but are not limited to):
 - a) ovarian hyperstimulation syndrome (1 - 3%)
 - b) infection as a result of intrauterine insemination (rare)

I/ we acknowledge that if I conceive, as in any pregnancy, there is a risk of pregnancy complications such as miscarriage or ectopic pregnancy.

I/ we agree to inform AART of the outcome of the treatment and the outcome of any pregnancy resulting from treatment.

Patient: _____ Partner: _____

Witness: _____ Date: _____