

Request and Authorization For Micromanipulation  
of Oocytes In Vitro for Assisted Fertilization

I request and authorize Dr. Grace Couchman and/or her associates or assistants of the Assisted Reproductive Technologies Laboratory at Duke University Medical Center to perform Micromanipulation of Oocytes for Assisted Fertilization on:

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Patient's Name

**Description of Procedure:** The Micromanipulation of Oocytes for Assisted Fertilization is a variation of the standard in vitro fertilization treatment cycle, in which some or all of my oocytes (eggs) will be subject to a procedure called IntraCytoplasmic Sperm Injection (ICSI). ICSI involves the direct injection of a single sperm into the middle of the oocyte (egg), for the treatment of male factor infertility.

Some of my oocytes may undergo conventional insemination in vitro with the hope that the sperm quality of the specimen on the day of in vitro insemination may be sufficient to allow for fertilization. Consent for conventional insemination is covered by the separate IVF consent form that I will also be asked to sign.

Any oocytes that fertilize normally and then divide into embryos will be either transferred to my uterus according to the standard in vitro fertilization procedure or, if I agree to sign the separate cryopreservation of embryos consent form, any embryos that are not transferred will be cryopreserved (frozen) and stored for me to transfer to my uterus at a later date. The risks and benefits of standard in vitro fertilization and cryopreservation are described in the IVF consent form that I will be asked to sign.

**Risk:** I understand that many individual treatment cycles do not result in pregnancy due to a number of variables, including but not limited to patient age, medical history, hormonal response, and other factors that cannot be controlled. I acknowledge that due to the newness of this procedure not all of the risks are known. The micromanipulation procedure carries the following known risks:

Damage to the oocyte

During the micromanipulation procedure, there is an increased risk that the oocyte may be damaged or undergo degeneration due to the injection procedure. Up to 20% of oocytes that are subjected to ICSI may not survive the injection and will degenerate.

Birth Defects

There is no evidence that the micromanipulation procedure itself has resulted in an increase in birth defects over the general population, however, this is a new technique and the information on birth defects could be incomplete. Sperm production is coded genetically on the Y chromosome and if there is genetic component to the male factor infertility this may be passed on to any male offspring resulting from this process. Men with severe oligospermia are encouraged to seek genetic counseling and karyotyping due to the increased risk of genetic causes for this condition. With any reproductive technology procedure, women who conceive are encouraged to consider genetic evaluation of the fetus through chorionic villus sampling or amniocentesis.

Polyspermic Fertilization:

Due to the micromanipulation procedure there is a risk that polyspermic fertilization (fertilization of an oocyte by more than one sperm) may occur. Oocytes exhibiting polyspermic fertilization will not be used for embryo transfer or cryopreservation.

**Benefits**

I understand that the purpose of my participation in the micromanipulation procedure is to help increase the chance that my partner’s sperm will fertilize my oocytes during my in vitro fertilization cycle.

**Alternative Options**

I understand that the following alternatives to the micromanipulation procedure are available to me:

1. To go through an in vitro fertilization attempt without micromanipulation of the oocytes.
2. To seek other medical treatment for my partner’s condition in hopes of improving his sperm quality.
3. To use sperm from a donor to fertilize my oocytes. I understand this will require a separate consent and will need to be decided prior to beginning a cycle.

**Economic Considerations:**

I understand that there is a \$1,545.00 charge for the ICSI procedure that I will be responsible for in addition to the standard charges for an in vitro fertilization cycle.

**Statement of Voluntary Participation:**

I have read the information contained in this form, and have had sufficient opportunity to discuss my medical condition and treatment with my physician. All of my questions have been answered to my satisfaction, and I believe that I have been given adequate information upon which to base an informed consent for the Micromanipulation of Oocytes In Vitro for Assisted Fertilization.

I am consenting to have the micromanipulation procedure performed. I understand that I may withdraw this consent at any time prior to the procedure. My consent for this procedure is voluntary.

I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me concerning the performance, results, or interpretation of the micromanipulation procedure.

For the purpose of advancing medical education, I give permission for observers to be present at the micromanipulation procedure. I authorize the Division of Reproductive Endocrinology at Duke University Medical Center to use the results of the micromanipulation procedure for teaching and research purposes as long as my identity is not revealed.

I confirm that I have read this form, or it was read to me.

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Patient Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date Signed