

**Fertility Center, LLC
and
Embryo Services, LLC**

INFORMED CONSENT: ASSISTED EMBRYO HATCHING

Consent:

We have been informed that we may elect Assisted Embryo Hatching (AEH) in an effort to facilitate embryo implantation. By signing this consent, we indicate our consent to the use of AEH and confirm our understandings regarding this process.

AEH Explained:

We understand that the two to eight cell stage embryo is surrounded by the zona pellucida. AEH involves the creation of a gap in the zona pellucida. It is hoped that this gap will facilitate the break through or hatching of the embryo. We understand that in the AEH procedure, mechanical force or the use of a very small amount of acid is used to create an opening in the zona pellucida.

Risks and Benefits of AEH:

All the questions which we have about this procedure have been answered in the manner which we understand. In this regard, we have been specifically informed of the following:

A: Risks:

We understand that implantation is a complex biological process and how AEH affects this process is not fully understood. We understand that it is unclear to what extent the normal implantation process is biologically associated with AEH. We also understand that within the normal human population, roughly five percent of children with physical and/or mental defects are born and that congenital defects can and do occur in the absence of AEH.

B: Benefits:

Potential benefits from this procedure indicate an increase in the chance of achieving pregnancy, especially in women over the age of 35 or women that have thick or hard zona pellucida.

No Guarantee of Success:

We understand that no representations guaranteeing creation of an in vitro fertilization pregnancy through AEH have been made to us.

Continued Participation:

We understand that we may withdraw this consent to AEH at any time without prejudicing our right to continued treatment by the Fertility Center and/or Embryo Services. A withdrawal by us shall not be retroactive. By electing AEH at this time, we are consenting to use this procedure in our future IVF attempts, unless and until we have withdrawn our consent.

Confidentiality:

We have been assured that any information obtained from our participation in this procedure which can identify us will remain confidential. However, we agree that scientific data or medical information resulting from this procedure that does not identify us may be presented at meetings and/or other published documents so that the information can be useful to others. We understand that any significant developments learned by the Fertility Center and/or Embryo Services during the course of our treatment pursuant of this consent will be provided to us if it relates to our willingness to continue to participate.

IN SIGNING THIS AGREEMENT, WE CERTIFY THAT WE HAVE READ AND FREELY AND KNOWINGLY AGREE TO EVERYTHING STATED IN THIS AGREEMENT AND THE EXPLANATIONS WE HAVE RECEIVED REGARDING THE USE OF AEH.

Patient's signature

Date

Spouse's signature

Date

Notary's signature

Date

Commission Expires On

Date

I have thoroughly reviewed the information contained in this consent with the above named persons and believe they have made an informed decision regarding assisted reproductive treatment.

Staff Signature

Date

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