



Patient Initials: _____ Partner Initials: _____

Date: _____ Account #: _____

EMBRYO BIOPSY CONSENT FOR

PREIMPLANTATION GENETIC TESTING FOR CHROMOSOMAL ANEUPLOIDY (PGT-A)

OR

**PREIMPLANTATION GENETIC TESTING FOR STRUCTURAL CHROMOSOME
REARRANGEMENTS/TRANSLOCATIONS (PGT- SR)**

OR

PREIMPLANTATION GENETIC TESTING FOR MONOGENIC DEFECTS (PGT- M)

INTRODUCTION

Before proceeding with the consenting process, it is important for you and your partner to understand that our practice does not provide nonmedical use of preconception sex selection and in vitro fertilization (IVF) with preimplantation genetic testing (PGT-A, PGT-SR, or PGT-M) for sex selection purposes and will not disclose gender results for nonmedical purposes. Patient initials _____ Partner Initials _____

This document discusses embryo biopsy for preimplantation genetic testing (PGT-A, PGT-SR, or PGT-M) purposes. It also serves as your authorization for RMG Laboratories to biopsy your embryo(s) and send the biopsied specimen(s) to the appropriate specialized laboratory for your individual needs to perform preimplantation genetic testing (PGT-A; PGT-SR or PGT-M) on your embryo(s).

You will be required to review and sign separate Informed Consents for the IVF Cycle and related medications, including ovarian stimulation, monitoring, egg retrieval, fertilization, embryo culture, embryo transfer and cryopreservation. You will also be required to review and sign a separate informed consent for the specific preimplantation genetic testing directly from the laboratory analyzing and interpreting the PGT-A, PGT-SR, or PGT-M results. **These consents contain additional risks that you will need to read, review and understand.**

EMBRYO BIOPSY: EXPLANATION OF PROCEDURE

Approximately five to six days after fertilization, a biopsy will be performed. This involves the removal of one or several cells by micromanipulation. After the micromanipulation, the embryos will either be returned to culture or frozen to allow in-depth analysis of the biopsied cell(s). The PGT-A, PGT-SR, or PGT-M results are then combined with information regarding the embryo morphology (the quality of the dividing cells), and then you and your physician discuss which, if any, of the embryos will be transferred to the uterus to attempt pregnancy.

Embryos which The Reproductive Medicine Group IVF Program, your treating physicians or other professionals who work at The Reproductive Medicine Group IVF Program believe are nonviable, chromosomally and/or genetically abnormal, or otherwise medically unsuitable for use in ART Procedures will be discarded or used for scientific research or educational purposes in accordance with The Reproductive Medicine Group IVF Program's practices and procedures.

RISKS OF EMBRYO BIOPSY

Numerous animal studies and also human twin studies have shown that micromanipulation of the embryos does not seem to affect the normal development of the baby. The biopsy procedure has been performed on embryos at centers in the United States and around the world beginning in 1991. Currently the combination of the biopsy procedure with analysis can identify some of the characteristics that would lead to birth defects and genetic disease. However since this is a relatively new procedure, the success rate of identifying these problems is uncertain. Thus far, there is no evidence that deleterious effects have occurred from the biopsy process. At present we are uncertain of all the potential risks that could occur as a result of the micromanipulation.

ABSENCE OF GUARANTEE

The RMG ART Laboratory will take reasonable steps to reduce the possibility of technical failure in the transportation process from the RMG ART laboratory to the genetics laboratory. However, it is possible that loss or specimen damage in transport process, theft, an act of nature or other events could occur. I agree that RMG ART Laboratories, Inc. and its Providers are not responsible for any loss or damage to the biopsied specimen during the transport process. I release RMG ART Laboratories, Inc. its employees and the physicians from associated liability.

FEES

Fees for embryo biopsy are in addition to the cost of the IVF cycle over and above those related to your normal IVF and/or egg donation procedure. If the embryo biopsy procedure is paid in advance and not performed, your payment will be refunded.

The genetic laboratory providing the PGT-A, PGT-SR, or PGT-M testing/analysis services will bill you separately for those services. The physicians of The Reproductive Medicine Group recommend biopsying all available, viable embryos for PGT-A, PGT-SR, or PGT-M testing. The embryo testing fee structure is determined by the PGT testing laboratory and I have been informed of those fees. I authorize The Reproductive Medicine Group to biopsy (select one option):

- All available, viable embryos.
- Up to _____embryos followed by cryopreservation of the remaining viable embryos.

CONSENT AND RELEASE

I have read this Embryo Biopsy Consent for Preimplantation Genetic Testing (PGT-A, PGT-SR, or PGT-M) and have been afforded the opportunity to ask questions and received answers to my satisfaction. I understand the procedures and the potential risks and hazards associated with the procedures, and that alternative procedures, including not undertaking PGT, are available. I sign this form freely and voluntarily. By my signature below, I hereby consent to the procedures enumerated herein. I authorize and request Embryo Biopsy for Preimplantation Genetic Testing (PGT-A, PGT-SR, or PGT-M).

I expressly agree to defend, indemnify and hold harmless all personnel associated with the administration and delivery of services who are employed by RMG ART Laboratories, Inc. and its officers, agents, successors and assigns. I agree to hold harmless all RMG ART Laboratories, Inc. personnel and its officers, agents, successors and assigns from any and all liability, claims, losses, damages, costs, expenses (including costs of litigation and attorneys’ fees incurred in any litigation or administrative proceedings from any appeals) and liabilities, actions, causes of actions, suits or other claims arising out of or in any way related to our participation in embryo biopsy for PGT-A, PGT-SR, or PGT-M testing.

Patient	Printed Name	Date
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Partner Signature	Printed Name	Date
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I have consulted with and explained the contents of this consent form to the individual (couple) who have signed above.

Physician Signature	Printed Name	Date
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Account #: _____