

CONSENT FORM FOR TRANSFER OF EMBRYOS DIAGNOSED AS MOSAIC

Please Print

PATIENT Name: _____

Patient DOB: _____

Patient eIVF number: _____

PARTNER Name (if applicable): _____

Partner DOB: _____

Partner eIVF number: _____

Please read the following consent carefully. If you do not understand the information provided, please speak with your treating physician or nurse.

Patient and Partner (if applicable) must present PHOTO ID(s) and sign in the presence of an authorized Boston IVF staff member or if unable must have notarized.

In vitro fertilization (IVF) treatment followed by embryo biopsy provides the opportunity to perform genetic testing on the embryo before transfer into the uterine cavity.

Preimplantation Genetic Testing for Aneuploidy (PGT-A), previously known as Preimplantation Genetic Screening (PGS), involves the testing of the embryo for the number of chromosomes and/or to determine the sex of the embryo.

Your embryos have undergone genetic testing and some of these embryos are mosaic. This means that it is very likely that the embryo possesses cells with both normal and abnormal chromosomal make up. Based on current available data, embryos diagnosed as mosaic have a significantly reduced rate of implantation and carry a significantly increased risk of miscarriage if they implant.

Mosaic embryos are classified as having low level mosaicism (presumed to have mostly normal cells with few abnormal cells) or high level mosaicism (presumed to have some normal cells with a higher fraction of abnormal cells) and there is data indicating that some low-level mosaic embryos will implant and result in a normal live birth. However, there is the possibility that transfer of a low-level mosaic embryo may result in a live birth with persistence of abnormal cells, which may result in physical and/or cognitive abnormalities in the child with varying degrees of severity. In addition, carrying a pregnancy with a mosaic fetus and/or placenta may increase the risk for maternal obstetric complications. These maternal complications may include pre-eclampsia, HELLP syndrome, IUGR and placental insufficiency and in some cases may be severe.

In the event that we (I) request transfer of a mosaic embryo or embryos, we (I) do so understanding the following:

1. It is Boston IVF's policy to recommend another cycle of IVF with aneuploidy testing to increase the chance of identifying a normal euploid embryo (NOT mosaic) for transfer. Neither Boston IVF nor any of Boston IVF's medical professionals encourage transfer of embryos that are not "euploid" or "normal".
2. That Boston IVF's policy is to require additional genetic counselling if the only embryos available for transfer are mosaic and this counselling must be done prior to us (me) proceeding with an embryo transfer.
3. We (I) are requesting transfer of an embryo that is mosaic and that the transfer of an embryo diagnosed as mosaic is done entirely at our (my) own discretion with a full understanding of the significant risks involved.
4. In the event of an ongoing pregnancy after transfer of the mosaic embryo, we (I) understand that Boston IVF recommends retesting the developing fetus for aneuploidy via amniocentesis. We (I) understand that while no prenatal test detects all birth defects, the testing of cells in amniotic fluid is more likely to be a true representation of the fetal chromosomes. Non-invasive prenatal screening/testing and chorionic villus sampling test placental cells and may not give a true representation of fetal chromosomes.

By signing this document, we (I) acknowledge that we (I) have read this consent, had a thorough discussion with our (my) Boston IVF physician and all of our (my) questions and concerns regarding transfer of a mosaic embryo have been fully answered to our (my) satisfaction. This discussion has included the aforementioned risks and potential complications of transferring a mosaic embryo.

We (I) acknowledge that the discussion with our (my) Boston IVF physician and caregivers was in a language that we (I) understand and we (I) were (was) provided sufficient information to allow us (me) to make an informed decision whether or not to proceed with this treatment.

We (I) understand that Boston IVF is not responsible for any birth defects, chromosomal abnormalities, false positive findings, or false negative findings arising out of our (my) decision to transfer an embryo diagnosed as mosaic. We (I) understand we (I) have been fully advised by Boston IVF of the risks of transferring a mosaic embryo and we (I) fully agree to accept any and all such risk.

Witness of Consent Form (if this form is completed no need to complete notarization form)

Patient Name (print)

Patient Signature

Today's Date (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)

PATIENT- TYPE OF PICTURE IDENTIFICATION: Driver's License Passport Other: _

ID NUMBER: _____ State/Country: _____ Expiration Date: _____
Date (MM/DD/YYYY)

Witness Name and Title (print)

Witness Signature

Today's Date (MM/DD/YYYY)

Partner Name (if applicable, print)

Partner Signature

Today's Date (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)

PARTNER - TYPE OF PICTURE IDENTIFICATION: Driver's License Passport Other: _____

ID NUMBER: _____ State/Country: _____ Expiration Date: _____
Date (MM/DD/YYYY)

Witness Name and Title (print)

Witness Signature

Today's Date (MM/DD/YYYY)

Physician Attestation

The above mentioned patient and partner (if applicable) have been informed and counseled by me and other team members regarding the risks and benefits of the relevant treatment options, including non-treatment. The patient and partner (if applicable) expressed understanding of the information presented during the discussion.

Physician Name (print)

Physician signature

Today's Date (MM/DD/YYYY)



Notarization Form (This form is only needed if not able to have witnessed at Boston IVF)

Patient Name (print)

Patient Signature

Date of Birth (MM/DD/YYYY)

State of: _____

County of: _____

On this _____ day of _____ 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the proceeding or attached document in my presence.

ID NUMBER: _____

Expiration Date: _____
(MM/DD/YYYY)

Today's Date (MM/DD/YYYY)

Notary Signature

Title

My appointment expires: _____
(MM/DD/YYYY)

Partner Name (if applicable, print)

Partner Signature

Date of Birth (MM/DD/YYYY)

State of: _____

County of: _____

On this _____ day of _____ 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the proceeding or attached document in my presence.

ID NUMBER: _____

Expiration Date: _____
(MM/DD/YYYY)

Today's Date (MM/DD/YYYY)

Notary Signature

Title

My appointment expires: _____(MM

