

**Consent to Receive Albumin at Dr. Graubert's Office**

Albumin is made from pooled human venous plasma in accordance with the applicable requirements established by the U.S. Food & Drug Administration (FDA). Each vial is heat treated at 60 degrees C for 10 hours to decrease the possibility of transmitting the Hepatitis B and C viruses. Products made from human plasma may contain infectious agents, including (but not limited to) viruses and/or prions, which can cause disease(s). The risk that such products will transmit an infectious agent has been reduced by screening plasma donors for prior exposure to certain viruses, by testing for the presence of certain current virus infections, and by inactivating and/or removing certain viruses from the products.

Adverse reactions to albumin are rare. Such reactions may be allergic in nature or may be due to high plasma protein levels from excessive albumin administration. Allergic reactions may include rash, chills, fever, and changes in respiration, pulse, and blood pressure.

I understand that it has been recommended by Dr. Roseff that I receive albumin to decrease the incidence or severity of Ovarian Hyperstimulation Syndrome (OHSS). OHSS is a side effect of the use of gonadotropins. The severity of OHSS varies between mild, moderate, and severe. Dr. Roseff has already discussed the signs, symptoms, and complications surrounding OHSS with me at length. Moderate OHSS usually causes noticeable pain and swelling with nausea, vomiting, and difficulty urinating. Severe cases of OHSS, which are relatively rare, can result in the accumulation of fluid in both the abdominal cavity and the chest. Medical intervention is required in severe cases of OHSS which may include admission to the hospital. Although we have had success in preventing moderate to severe OHSS with Albumin administration, medical studies have not consistently demonstrated similar results.

\_\_\_\_\_ In order to minimize the occurrence of moderate to severe ovarian hyperstimulation, by my signature below, I give consent to the doctors and staff of Dr. Graubert's office to administer Albumin by IV infusion. I have been told about the potential risks and benefits associated with the use of Albumin. I have been given the opportunity to ask questions and those questions have been answered to my satisfaction.

\_\_\_\_\_ I understand the risk of occurrence and consequences of OHSS, but I wish to decline the receipt of Albumin.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date