

**Consent Form for Intracytoplasmic Sperm Injection (ICSI)**  
**Palm Beach Center for Reproductive Medicine/Palmetto Fertility Center of South Florida**

We \_\_\_\_\_, the Female Partner, and \_\_\_\_\_, the Male Partner, together, the commissioning couple, understand that this consent gives Scott Roseff, M.D., Michael Graubert, M.D., and the embryology team at the Palmetto Fertility Center of South Florida, Inc. (Palmetto Fertility Center) permission to perform intracytoplasmic sperm injection (ICSI) using the sperm of the Male Partner, or donor sperm, and the eggs of the Female partner.

**Indications and extent of treatment:** We understand that ICSI is used to increase the chances of pregnancy in infertile couples where the sperm is not likely to achieve fertilization using conventional IVF methods, or in those cases where fertilization has failed to occur in a prior IVF cycle. This typically occurs in men with severely abnormal sperm parameters including low counts, low motility, abnormal morphology, or DNA abnormalities. We understand that the following steps are involved in the ICSI procedure: The Male Partner's sperm, or donor sperm, is obtained by masturbation, from frozen samples, or through surgical aspiration. The sperm is washed and purified to obtain the optimal number of sperm for the microinjection procedure. Following retrieval of the eggs from the Female Partner, enzymes will be used to remove the surrounding cells (granulosa cells). When the eggs are mature, a single sperm is injected into the eggs using a microscopic needle. The eggs will be examined approximately 14 to 18 hours later to determine if fertilization has occurred.

We understand that by consenting to have ICSI performed, our physicians will prescribe antibiotics for the Male Partner (usually Zithromax) during the Female Partner's stimulation cycle. This medication is administered to reduce the risk of bacterial contamination in the semen specimen used to collect the sperm for the ICSI procedure. We understand our physicians will prescribe antibiotics for the Female Partner (usually Zithromax for five days) and corticosteroids (usually Medrol 16 mg per day for seven days), both beginning on the day of egg retrieval. These drugs are administered to protect the embryos from bacterial contamination and attack by immune cells. The IVF procedure will otherwise not deviate from the standard protocol.

**Risks of this procedure:** We understand that while the IVF team believes that there are clear benefits to having our eggs undergo ICSI to increase the probability of fertilization, the procedure may also involve the following risks or disadvantages:

- There is a potential for harm to occur to the eggs during the ICSI procedure. Although damage is rare, serious damage precluding viability of the egg may occur in less than 10% of the cases.
- This technology is new, and it may yield unknown long-term risks to the developing embryo. The risk of birth defects, such as defects in the genitourinary system or defects in the reproductive system, may be slightly increased in children conceived through ICSI.
- There may be a slight risk of unknown long-term conditions that might be passed on to subsequent generations. By arbitrarily selecting the sperm used to fertilize the eggs, ICSI bypasses the natural selection of sperm in the fertilization process that takes place during standard IVF or during natural conception. Because of this, abnormal genes or characteristics from the Male or Female Partner may be passed on to the children born of ICSI who otherwise may not have been conceived. As a result, children born of ICSI may have a higher risk of inheriting genetic disorders such as infertility and sex chromosome aneuploidy (abnormal number of sex chromosomes). Because of the increased risk of sex chromosome aneuploidy, Palm Beach Center for Reproductive Medicine/Palmetto Fertility Center recommends prenatal genetic testing of the fetus including amniocentesis or chorionic villus sampling (CVS).
- The micromanipulation itself may produce abnormal embryos, or rarely may cause immediate degeneration of the embryos. We understand that technical problems may make successful micromanipulation impossible in our case.

- Even when embryos are transferred, there is no guarantee that pregnancy will occur.

**Risks of Medication:** The risks for oral antibiotics include gastric upset and the potential for allergic reactions. The Medrol given to the Female Partner is considered a small dose. The only notable side effect has been the occurrence of vaginal yeast infection. We understand that this medication may under rare circumstances: mask signs of infection, cause mood disturbances or gastric upset, and increase sensitivity to the sun, including hypersensitivity reactions. It can cause a metallic taste in your mouth as well as facial flushing.

**Potential Outcome and Likelihood of Success:** We understand that our decision to have ICSI may increase the chance of fertilization and may increase the likelihood of pregnancy. The exact likelihood of fertilization for a given egg or patient cannot be predicted. However, in general the fertilization rates exceed 65% per egg and over 95% of couples have at least one embryo to transfer.

In our particular case, however, we understand that there is no guarantee that we will achieve fertilization or that any embryos will implant and result in a pregnancy. Given the potential risk for genetic abnormalities in children born through this procedure, we understand that prenatal diagnostic procedures such as amniocentesis or chorionic villus sampling are strongly recommended should we conceive.

**Alternative procedures:** Alternative procedures to ICSI include repeated standard IVF, the use of donated sperm, or the use of donated eggs. We also understand that no treatment, adoption, and childfree living are also alternatives to IVF-ICSI.

**Confidentiality:** Any information obtained during this procedure and identified with us will remain confidential and will be disclosed only with our permission. We understand that any publication resulting from this procedure will not identify us individually.

**Financial:** We understand that insurance coverage for any or all of the above treatment may not be available and that we will be personally responsible for the expenses of this treatment. The expenses may consist of laboratory charges, and physician professional fees.

**The IVF, cryopreservation and assisted hatching consent forms are not altered by this document. Our decision to do ICSI does not preclude our ability to complete any other component of an IVF cycle.**

*We certify that we have read and fully understand and consent to the above procedures, and that the risks and alternatives to the procedure were fully explained to us. We recognize that we are free to ask questions, our participation is voluntary, and that we may withdraw from this protocol at any time.*

Female Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Male Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_