Partners HealthCare System
Research Consent Form

General Template
Version Date: February 2010

Protocol Title: Eeva™ Pregnancy Pilot Study (PPS)
Principal Investigator: Catherine Racowsky, Ph.D., HCLD
Site Principal Investigator:

Description of Subject Population: Adults undergoing in vitro fertilization treatment who provide informed consent and plan to undergo Day 3 or Day 5 single embryo transfer.

About this consent form

Please read this form carefully. It tells you important information about a research study. A member of our research team will also talk to you about taking part in this research study. People who agree to take part in research studies are called “subjects.” This term will be used throughout this consent form.

Partners HealthCare System is made up of Partners hospitals, health care providers, and researchers. In the rest of this consent form, we refer to the Partners system simply as “Partners.”

If you have any questions about the research or about this form, please ask us. Taking part in this research study is up to you. If you decide to take part in this research study, you must sign this form to show that you want to take part. We will give you a signed copy of this form to keep.

A description of this Clinical Trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

Why is this research study being done?

The purpose of this study is to gather information about the impact of using the early embryo viability assessment (Eeva) system. Eeva is an investigational time-lapse imaging (picture) system. We would like to find out if using the Eeva system and traditional morphological grading on pregnancy rates is helpful. Traditional morphological grading on day 3 involves assessing how the embryos appears and includes recording the number of cells, the extent of
small fragments and the similarity of size and shape of the cells. This traditional morphological grading assessment is usually done just once, 2-3 hours before embryos are selected for transfer. In contrast, time lapse imaging involves continuous assessment of embryos for the entire time they are in culture. We will compare this information to the pregnancy rates in women in which traditional morphological grading was used.

Eeva is an investigational device that is used by an embryologist, a scientist who works with sperm, eggs, and embryos. We would like to find out if the Eeva system is able to provide additional information to improve the selection of an embryo for transfer. This information is based on Day 3 morphological evaluation, when there are multiple embryos deemed suitable for transfer or freezing.

Eeva was developed based on research conducted at Stanford University. Researchers discovered that early embryo growth events can predict embryo development and reflect the underlying health of the embryo. We would like to find out if Eeva can be used by IVF laboratories to evaluate early embryo development and improve the selection of embryo for transfer.

The Eeva system includes the following parts:
- Eeva Computer
- Eeva Control Box
- Eeva Scopes (microscope)
- Eeva Scope Screen
- Eeva Station
- Eeva Printer
- Uninterruptible Power Supply
- Eeva Dish (petri dish)

Eeva has software that was designed to evaluate the critical differences in early embryo growth and determine an embryo’s potential for further development. The Eeva Scopes and the Eeva Dish are placed inside the standard incubator and the other parts of the Eeva sit outside of the incubator.

The Eeva system is not approved by the U.S. Food and Drug Administration (FDA) and is considered investigational. This means they can only be used in research studies.

This is a pilot study. Pilot studies are done on a small group of subjects to learn if a larger study would be useful.

We are asking you to take part in this research study because you are having in vitro fertilization (IVF) treatment. As part of this study, you will only have one embryo transferred.
Up to 275 female adults will be enrolled in this study at Brigham and Women’s Hospital (BWH).

Auxogyn, Inc. (www.auxogyn.com) is paying for this study to be done.

How long will I take part in this research study?

We are asking you to take part in this research study from the time of your fertilization evaluation through the rest of your IVF treatment cycle. This can take up to 12 weeks. You will not need to make any additional study visits to take part in this research study. You will continue to come in for your standard IVF treatment cycle visits. The total number of visits will depend on the outcome of your IVF cycle. You may only take part in this study once.

What will happen in this research study?

Your doctor will explain in detail the standard IVF procedures you will undergo at BWH. You will sign a separate consent form for your IVF procedures.

If you choose to take part in this study, we will ask you to sign the consent form before we do any study procedures.

If you choose to take part in the research study, most of the IVF procedures will be the same as standard care. The procedures that are different are:
- Your embryos will be cultured in an Eeva Dish and imaged by Eeva.
- The group that you are assigned to will determine how your embryo for transfer will be selected.
- Your embryo for transfer will either be selected using the Eeva system and the standard morphology evaluation or be selected only using the standard morphology evaluation.
- Only one embryo will be transferred

Assignment to a Study Group

If you qualify for the study, we will assign you by chance (like a coin toss) to one of three study groups:
- Group 1: Your embryo for transfer will be selected using the Eeva system AND the traditional morphology evaluation. One of your embryos will be transferred on Day 3.

- Group 2: Your embryo for transfer will be selected using the Eeva system AND the traditional morphology evaluation. One of your embryos will be transferred on Day 5.
• Group 3: Your embryo for transfer will be selected ONLY using the traditional morphology evaluation. One of your embryos will be transferred on Day 5.

You and the study doctor cannot choose your study group. You will have an equal chance of being assigned to each study group.

**Eeva Study Procedures**

The research-related procedures begin after the fertilization evaluation, when your fertilized eggs are transferred to the Eeva Dish. The Eeva Dish is made out of the same materials as the BWH’s standard culture dish. However, the Eeva Dish has individual wells to hold your embryos - 1 embryo per well.

The Eeva Dish is placed on the Eeva Scope, which sits in the standard incubator. Eeva will take and record images of your embryos every 5 minutes. The total light that your embryos will be exposed to after 2 days of Eeva imaging is equal to 21 seconds under a standard IVF microscope. The light intensity of the Eeva Scope is much lower than a typical microscope used in IVF laboratories.

No matter which group you are assigned, the development and quality of your embryos will be graded according to BWH’s standard procedures. In addition to standard grading, if you are assigned to Group 1 or Group 2, the Eeva results will also be used by an embryologist to assist in the selection of an embryo for transfer.

Your visits to BWH will take place according to your normal IVF treatment cycle and as determined by your own doctor.

**Review of Medical Records**

We will collect information about your IVF treatment cycle and your pregnancy test. We will also collect information regarding your pregnancy until 8-12 weeks gestational age. This may include the results of your ultrasounds.

**Stopping the Study Early**

You can stop taking part in this study at any time.

The study doctor or Sponsor may take you out of the study without your permission. This may happen because:
• It is in your best interest.
You do not agree to continue to take part in the study after being told of changes in the research study that may affect you.

- There is no Eeva equipment or trained staff available.
- Any other reason.

Review of Medical Records from Hospital Admissions or Emergency Department Visits

BWH has an electronic system that lets your study doctors know if you are admitted to a Partners Hospital, or if you visit a Partners Hospital Emergency Department for any reason. This alert will let the study doctors know why you are there. We want to make sure the study doctors know about any possible problems you experience while you are taking part in the study.

Sponsor Use of Your Study Information

Auxogyn may use health information that identifies you to do the research described in this form, and to do related research. This means research related to Eeva alone, or in combination with other drugs/devices; or IVF treatments.

Auxogyn may use health information that no longer identifies you to do any type of research.

Any reports or publications about the study will not include your name or a description of you. Information received during the study will not be placed on any mailing lists or sold to anyone for marketing purposes.

What are the risks and possible discomforts from being in this research study?

Potential risks and discomforts associated with the standard medical procedures you may undergo during in vitro fertilization treatment will be discussed with you by your doctor.

Risks Related to Eeva

The potential risks associated with Eeva are very low. There may be other risks that are not known yet.

To date, more than 800 subjects have used Eeva and, no subject has needed additional medical procedures due to the use of Eeva. The potential risks of Eeva include the following:
• Embryo development compromised (stopped or slow growth) due to excessive light exposure from lamp control failure. This has never occurred. Our studies to date have not shown risks associated with the imaging on Eeva. Total light exposure after 2 days of Eeva imaging is equal to 21 seconds under an IVF standard microscope.

• Embryo development compromised due to temperature alteration (changes) on the Eeva Scope (microscope) platform. If the electronics within the microscope are left on too long, this could raise the temperature of the platform and therefore, potentially, the Eeva Dish. The Eeva System has a built-in safety feature that automatically shuts the system off if the electronic elements are left on for longer than designed. This has never occurred. The Eeva Scope does not have a built-in self-controlled heating stage. The temperature of the Eeva Scope platform is completely dependent on the environment where the Eeva Scope is installed, which is BWH’s standard culture incubator.

• Damage to eggs or embryos during handling of the Eeva Dish may occur. This risk may also occur with eggs or embryos during handling of a standard IVF culture dish.

• Because all subjects will have only one embryo transferred, the risk of non-identical twins is virtually zero. However, those subjects randomized to day 5 transfer will have a small increased risk of identical twins due to the increased risk of day 5 embryos splitting. The risk of having identical twins from a day 5 transfer is about 5% (i.e. approximately 5 in every 100 pregnancies from day 5 transfer).

• Since only one embryo may be transferred, there is a risk that you may not become pregnant.

**What are the possible benefits from being in this research study?**

By participating in this study, it cannot be promised that you will receive any medical benefit. However, Eeva results may improve embryo selection and may improve the change of getting pregnant.

The information collected in this study may improve the methods of embryo selection in the future. This may lead to improvements in implantation and pregnancy rates for future patients.

**What other treatments or procedures are available for my condition?**
Partners HealthCare System
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You do not need to be in this study to receive assisted reproduction treatment. You can receive standard IVF treatment without the use of Eeva and embryo transfer on Day 5. Your study doctor will discuss this with you.

**Can I still get medical care within Partners if I don’t take part in this research study, or if I stop taking part?**

Yes. Your decision won’t change the medical care you get within Partners now or in the future. There will be no penalty, and you won’t lose any benefits you receive now or have a right to receive.

Taking part in this research study is up to you. You can decide not to take part. If you decide to take part now, you can change your mind and drop out later. We will tell you if we learn new information that could make you change your mind about taking part in this research study.

**What should I do if I want to stop taking part in the study?**

If you take part in this research study, and want to drop out, you should tell us. We will make sure that you stop the study safely. We will also talk to you about follow-up care, if needed.

It is possible that we will have to ask you to drop out before you finish the study. If this happens, we will tell you why. We will also help arrange other care for you, if needed.

**Will I be paid to take part in this research study?**

You will not be paid to take part in this study.

We may use your information to develop a new product or medical test to be sold. The Sponsor, hospital, and researchers may benefit if this happens. There are no plans to pay you if your information is used for this purpose.

**What will I have to pay for if I take part in this research study?**

Study funds will pay for Eeva and all the other tests and procedures that are done only for the research.
You/your health insurer will be responsible for the cost of your IVF treatment because this would be needed for your care even if you are not in the study.

Although study funds will pay for certain study-related items and services, we may bill you or your health insurer for, among other things, routine items and services you would have received even if you did not take part in the research. You will be responsible for payment of any deductibles and co-payments required by your insurer for this routine care or other billed care.

If you have any questions about costs to you that may result from taking part in the research, please speak with the study doctors and study staff. If necessary, we will arrange for you to speak with someone in Patient Financial Services about these costs.

**What happens if I am injured as a result of taking part in this research study?**

We will offer you the care needed to treat any injury that directly results from taking part in this research study. We reserve the right to bill your insurance company or other third parties, if appropriate, for the care you get for the injury. We will try to have these costs paid for, but you may be responsible for some of them. For example, if the care is billed to your insurer, you will be responsible for payment of any deductibles and co-payments required by your insurer.

Auxogyn will pay for medical treatment for any injury that is not paid by your health insurer if the injury is a direct result of you taking part in this study. Auxogyn has no plans to offer you any other payments or any other type of compensation.

Injuries sometimes happen in research even when no one is at fault. There are no plans to pay you or give you other compensation for an injury, should one occur. However, you are not giving up any of your legal rights by signing this form.

If you think you have been injured or have experienced a medical problem as a result of taking part in this research study, tell the person in charge of this study as soon as possible. The researcher’s name and phone number are listed in the next section of this consent form.

**If I have questions or concerns about this research study, whom can I call?**

You can call us with your questions or concerns. Our telephone numbers are listed below. Ask questions as often as you want.
Catherine Racowsky, Ph.D., HCLD is the person in charge of this research study. You can call her at 617-732-5455 M-F, 9-5. You can also call Charles Bormann, Ph.D. at 617-732-5071 M-F, 9-5 with questions about this research study.

If you have questions about the scheduling of appointments or study visits, call the study coordinator at 617-732-5570.

If you want to speak with someone not directly involved in this research study, please contact the Partners Human Research Committee office. You can call them at 617-424-4100.

You can talk to them about:

- Your rights as a research subject
- Your concerns about the research
- A complaint about the research

Also, if you feel pressured to take part in this research study, or to continue with it, they want to know and can help.

If I take part in this research study, how will you protect my privacy?

During this research, identifiable information about your health will be collected. In the rest of this section, we refer to this information simply as “health information.” In general, under federal law, health information is private. However, there are exceptions to this rule, and you should know who may be able to see, use, and share your health information for research and why they may need to do so.

In this study, we may collect health information about you from:

- Past, present, and future medical records
- Research procedures, including research office visits, tests, interviews, and questionnaires

Who may see, use, and share your identifiable health information and why they may need to do so:

- Partners research staff involved in this study
- The sponsor(s) of this study, and the people or groups it hires to help perform this research
- Other researchers and medical centers that are part of this study and their ethics boards
- A group that oversees the data (study information) and safety of this research
Non-research staff within Partners who need this information to do their jobs (such as for treatment, payment (billing), or health care operations)

- The Partners ethics board that oversees the research and the Partners research quality improvement programs.

- People from organizations that provide independent accreditation and oversight of hospitals and research

- People or groups that we hire to do work for us, such as data storage companies, insurers, and lawyers

- Federal and state agencies (such as the Food and Drug Administration, the Department of Health and Human Services, the National Institutes of Health, and other US or foreign government bodies that oversee or review research)

- Public health and safety authorities (for example, if we learn information that could mean harm to you or others, we may need to report this, as required by law)

- Other:

Some people or groups who get your health information might not have to follow the same privacy rules that we follow. We share your health information only when we must, and we ask anyone who receives it from us to protect your privacy. However, once your information is shared outside Partners, we cannot promise that it will remain private.

Because research is an ongoing process, we cannot give you an exact date when we will either destroy or stop using or sharing your health information.

The results of this research study may be published in a medical book or journal, or used to teach others. However, your name or other identifying information will not be used for these purposes without your specific permission.

Your Privacy Rights

You have the right not to sign this form that allows us to use and share your health information for research; however, if you don’t sign it, you can’t take part in this research study.

You have the right to withdraw your permission for us to use or share your health information for this research study. If you want to withdraw your permission, you must notify the person in charge of this research study in writing. Once permission is withdrawn, you cannot continue to take part in the study.

If you withdraw your permission, we will not be able to take back information that has already been used or shared with others.
You have the right to see and get a copy of your health information that is used or shared for treatment or for payment. To ask for this information, please contact the person in charge of this research study. You may only get such information after the research is finished.

Informed Consent and Authorization

Statement of Study Doctor or Person Obtaining Consent

- I have explained the research to the study subject.
- I have answered all questions about this research study to the best of my ability.

Study Doctor or Person Obtaining Consent Date/Time

Statement of Person Giving Informed Consent and Authorization

- I have read this consent form.
- This research study has been explained to me, including risks and possible benefits (if any), other possible treatments or procedures, and other important things about the study.
- I have had the opportunity to ask questions.
- I understand the information given to me.

Signature of Subject:

I give my consent to take part in this research study and agree to allow my health information to be used and shared as described above.

Subject Date/Time
Consent of Non-English Speaking Subjects Using the “Short Form” in the Subject’s Spoken Language

Statement of Hospital Medical Interpreter

As someone who understands both English and the language spoken by the subject, I interpreted, in the subject’s language, the researcher's presentation of the English consent form. The subject was given the opportunity to ask questions.

________________________________________________________________________________________________________

Hospital Medical Interpreter Date/Time

OR

Statement of Other Individual (Non-Interpreter)

As someone who understands both English and the language spoken by the subject, I represent that the English version of the consent form was presented orally to the subject in the subject’s own language, and that the subject was given the opportunity to ask questions.

________________________________________________________________________________________________________

Name Date/Time

Witness to Consent of Subjects Who Cannot Read or Write

Statement of Witness

I represent that the consent form was presented orally to the subject in the subject’s own language, that the subject was given the opportunity to ask questions, and that the subject has indicated his/her consent and authorization for participation by (check one box as applicable):

☐ Making his/her mark above

Consent Form Title: Auxogyn Eeva ICF Clean 7 Feb 2014
Consent Form Valid Date: 2/12/2014 IRB Amendment No: N/A
IRB Expiration Date: 2/12/2015 Sponsor Amendment No: N/A
Partners HealthCare System
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☐ Other means __________________________________________________________________ (fill in above)

________________________________________________________________________________
Witness

Date/Time

Consent Form Version: Feb 7, 2014

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