Center for Infertility and Reproductive Surgery

GESTATIONAL CARRIER CONSENT– INTENDED PARENTS

**General:**

By signing below, I am/we are saying that I/we have:

- Read and understood the information in the In Vitro Fertilization and Gestational Carrier sections of the *Education Booklet for Informed Consent for Assisted Reproduction*, Version 02-2013.
- Read and understood the information in the booklet about the overall risks of assisted reproductive treatments.
- Had the procedures fully explained to me/us.
- Had all of my/our questions completely answered.

**Evaluations:**

By signing below, I am/we are saying that I/we understand:

- That BWH CIRS cannot promise that the medical histories given by the gestational carrier or her partner are truthful. In addition, some medical conditions may not be known when the histories are given.
- That the gestational carrier and her partner will be tested for infectious diseases. This will happen before the transfer of embryos. This includes HIV which is the virus that causes AIDS. However, a child born to the gestational carrier may still get an infectious disease.
- That putting an embryo into the uterus of an unrelated woman is a fairly new procedure. The psychological and emotional risks of this are not know at this time. This is especially true if the intended parents and the gestational carrier have a social relationship after the child is born.

**Care:**

By signing below, I am/we are saying that I/we understand:

- That the BWH CIRS has the right to decide to accept and treat me/us as (an) intended parent(s).
- The BWH CIRS also has the right to decide to stop this treatment at any time.
Costs:
By signing below, I am/we are saying that I/we understand:

➢ That insurance may not cover all treatments. I/we understand that if I/we agree to undergo a treatment which is not covered by my/our insurance company that I/we will be responsible for paying for it before treatment is performed.

➢ That all costs for the gestational carrier cycle including medicines, blood tests, medical and psychological evaluations, and surgical procedures will be paid for by me/us.

➢ That there may be complications that cause additional medical and hospital expenses for the gestational carrier. That I/we must buy extra insurance to cover these expenses.

Legal:
By signing below, I am/we are saying that I/we have:

➢ Spoken with a lawyer before signing this Documentation of Informed Consent.

➢ Had a chance to get information and legal advice about my/our use of in vitro fertilization and a gestational carrier to conceive a child.

➢ That the BWH CIRS has not given me/us information about any law or legal matters having to do with using a gestational carrier.

➢ I am not/we are not relying on the BWH CIRS for legal advice in giving this consent.

Confidentiality:
By signing below, I am/we are saying that I/we have been told:

➢ That information about me/us and my treatment will be kept confidential. This will be done as allowed as required by law.

➢ That information will be provided to the Centers for Disease Control and Prevention (CDC) for ongoing studies, and to assess treatment efficacies and demographic information.

Embryo freezing:
I/We do □ do not □ plan on freezing embryos.
Body Fluids and Tissue:
By signing below, I am/we do or do not agree to the following:

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If I do not agree to donate my body fluids and/or tissues, they will be disposed of in accordance with standard hospital policy.

My/Our Decision:
By signing below, I am/we are saying that I/we have:

- Had the chance to talk about this decision with a physician and a social worker/psychologist.
- Asked the BWH CIRS to perform the procedures described in the In Vitro Fertilization and Gestational Carrier sections of the Education Booklet for Informed Consent for Assisted Reproduction, Version 01-2011.

_________________________ Date________ Time________ AM/PM
Patient’s Signature

_________________________ Date________ Time________ AM/PM
Partner’s Signature

By my signature I am saying that I reviewed the above information with the patient, the patient verbalized understanding, and was provided opportunity to ask any questions.

_________________________ Date________ Time________ AM/PM
Physician’s Signature