Center for Infertility and Reproductive Surgery

INTRACYTOPLASMIC SPERM INJECTION (ICSI) CONSENT

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

- Read and understood the information in the Intracytoplasmic Sperm Injection (ICSI) sections of the Education Booklet and Informed Consent for Assisted Reproduction. This booklet is Version 02-2013.
- Read and understood the information in the booklet about the overall risks of ICSI.
- Had the procedures fully explained to me/us.
- Had all of my/our questions completely answered.
- Asked the BWH CIRS to help me/us conceive a child with the use of ICSI.

__________________________________ 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