




AGREEMENT ON HALF IVF (IN VITRO FERTILISATION) / HALF ICSI (INTRACYTOPLASMIC SPERM INJECTION) WITH EMBRYO TRANSFER

Between Leuven university fertility centre,
UZ Leuven,
represented by
Prof. Dr. Karen Peeraer

 and Ms
born on / /
Partner
born on / /
residing at
.....

hereinafter 'the LUFUC', on the one hand,
hand,

hereinafter 'the prospective parent(s)', on the other

the following has been agreed:

- The prospective parent(s) gives (give) their consent to the LUFUC for in vitro fertilisation treatment with egg aspiration and embryo transfer, with possible application of assisted fertilisation (IVF and ICSI) (hereinafter referred to as 'the Treatment').
- The prospective parent(s) declares (declare) that the possible side-effects of the Treatment were discussed with them. They include fertilisation failure with IVF (<10%), fertilisation failure with ICSI (<3%), infection (<0.3%), intra-abdominal bleeding (<0.35%), moderate ovarian hyperstimulation syndrome (<6%), severe ovarian hyperstimulation syndrome (<2%).
- The prospective parent(s) declares (declare) that the advantages and disadvantages of IVF and ICSI were properly discussed with them and they are aware that:
 - ◆ In a conventional IVF procedure, eggs and sperm are brought together and fertilisation occurs spontaneously.
 - ◆ In ICSI, a single sperm cell is inserted into each egg under a microscope.
 - The ICSI procedure has been used for more than 25 years. According to current scientific insights there is a slightly increased risk of chromosomal abnormalities and a potentially increased risk of congenital abnormalities. Detailed ultrasound testing is recommended around the 12th and 20th week of pregnancy and a prenatal foetal chromosomal analysis to detect chromosomal abnormalities. This can be done by means of chorionic villus sampling, amniocentesis or a NIP test.
 - There is always a possibility that infertility may be caused by a hereditary defect. This defect may be transmitted to any children when ICSI is used.

The prospective parent(s) declares (declare) they consent with:

- IVF treatment on half of the eggs and ICSI treatment on the other half of the eggs provided that there are at least 6 oocytes. If less than 6 oocytes were retrieved, fertilisation will be performed using ICSI technique only**



- The prospective parent(s) is (are) aware that during the Treatment eggs/sperm will be collected and embryos will be created. Part of the human tissue produced during the Treatment, such as unripe, unfertilised, or abnormally fertilised eggs, sperm and embryos of bad quality, will not be used for the Treatment. This therefore relates to residual material which is usually destroyed. Subject to your consent this residual material can be used for the training of personnel of the IVF laboratory, the validation of existing procedures, the innovation and optimisation of laboratory procedures. This residual material will not leave the IVF laboratory of the LUFC. This is different in the event of donation for scientific research, for which you need to give your consent using another consent form (see 'Informed Consent scientific research with gametes and/or embryos not for personal use').

The prospective parent(s) declares (declare):

- They consent to the donation of residual material.
- They do not consent to the donation of residual material.

for the validation of existing procedures, the training of IVF lab personnel and quality checks in the IVF laboratory.

- The laboratory costs for Assisted Reproductive Technology are covered by the mandatory health insurance provided that certain criteria are fulfilled and subject to the approval of the consultant physician of the prospective parents' health insurance. Otherwise, the prospective parents will have to pay the laboratory costs. For Belgian patients this amounts to 1,557.54 euros, for non-Belgian patients to 2,358.05 euros (1,557.54 euros plus 800.51 euros for the 'supplementary medical record fee') on 1 January 2018. This amount will be adjusted on the 1st of January each year in line with the health index of December of the previous year.

<http://statbel.fgov.be/nl/statistieken/cijfers/economie/consumptieprijzen/gezondheidsindex>

Drawn up in duplicate in Leuven on/...../....., whereby one copy is for the LUFC, the other for the prospective parent(s).

Name Ms

Name partner

.....

.....

.....

.....

born on //.....

born on/...../.....

Prof. Dr. Karen Peeraer
Administrator tissue bank LUFC

read and approved
signature Ms

read and approved
signature partner

Please complete and sign this agreement and return it to LUFC, 'contractenadministratie', UZ Leuven, Herestraat 49, 3000 Leuven or contractenLUFC@uzleuven.be.