

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Conventional Surrogacy Commissioning Couple Intended Parent Consent For Therapy Assisted Reproductive Technologies

This is to certify that we, _____ & _____
(Commissioning Couple) or I, _____ (Intended Parent) hereby agree to
a form of treatment commonly known as **Conventional Surrogacy**.

I/We understand that Conventional Surrogacy provides a means for Commissioning
Couples/Intended Parents, who are otherwise unable to conceive and deliver children in the
conventional manner, to raise a child. After a detailed and complete discussion with the medical
staff of *Specialists in Reproductive Medicine & Surgery, P.A.*, (SRMS), I/we hereby agree to
undergo Conventional Surrogacy procedures understanding that there are potential risks and
benefits of the procedures.

Conventional Surrogacy General Information:

The following is a general outline of the steps that may be required to perform the Conventional
Surrogacy realizing the list is not inclusive of all possibilities, but includes the most common
concerns.

Medications:

The use of “fertility drugs” such as Human Chorionic Gonadotropin, HCG (Profasi, Pregnyl) is
often used during Conventional Surrogacy. The medication is administered by injection.

Blood/Urine/Semen Specimens:

Blood specimens are needed occasionally during the Conventional Surrogacy process. Urinary
testing is also done for a number of days in an attempt to identify ovulation.

Potential Complications:

Blood Work:

Bruising at the needle site may occur.

Intra-Uterine Insemination (IUI):

Mild menstrual-like cramps and a few drops of vaginal bleeding may be experienced. True complications are rarely seen.

Uterine perforation is possible although an exceedingly rare complication of the procedure. The uterus is a rather hearty organ and has holes placed in it frequently without difficulty such as what occurs with an amniocentesis. This complication has not occurred here at SRMS.

An attempt will be made to minimize the infection rate by performing cervical cultures, a semen analysis and an occasional pelvic exam prior to the procedure. Even with these precautions, it is still possible for an infection to occur after the IUI procedure. If an infection does occur, oral, or more likely, IV antibiotics and hospitalization will be needed. Rarely, as with any pelvic infection, surgery to remove infected organs may be necessary leading to sterility. Individuals who become infected were most likely previously infected and often have underlying severe tubal disease. The IUI procedure rarely initiates a new infection, but rather, may reactivate an underlying infection.

Slight dizziness may occur following the procedure; this symptom will usually dissipate with rest.

There are some reports in the literature of women forming antibodies against sperm following the IUI procedure. Positive antisperm antibodies can be found in couples that have never undergone an IUI procedure, so clear implication of the IUI procedure and the formation of maternal antisperm antibodies is unclear.

Multiple Gestations:

If no medications are used to increase the number of eggs released, the multiple pregnancy rates are usually only 1-2%. Your clinician will outline specific multiple pregnancy rates with any ovulation induction medications used.

Pregnancy Loss:

Any pregnancy may result in a spontaneous miscarriage and Conventional Surrogacy is no exception. A stillbirth is also possible but does not seem to occur more frequently when Conventional Surrogacy is used when compared to the general population. Young women loose only 10% of their pregnancies while older women may loose up to 60% of established pregnancies. If a pregnancy loss occurs, it may be necessary to have a surgical procedure to safely remove the non-viable intra-uterine contents.

Ectopic Pregnancy:

The general incidence for an ectopic pregnancy, usually located in the fallopian tube, in patients undergoing Conventional Surrogacy is 2%, the same for the general population. If an ectopic pregnancy occurs, medication may be provided to dissolve the pregnancy although surgery is sometimes necessary to remove the ectopic pregnancy.

Abnormal Gestations:

The Conventional Surrogacy procedures have not been found to increase the incidence of abnormal offspring.

Pregnancy:

Any pregnancy has the potential for risk and complications. Such issues as preterm labor, preeclampsia, gestational diabetes, preterm delivery and Cesarean Section are possible. The Conventional Surrogacy process itself does not seem to increase any of these risks over a normally conceived pregnancy.

It is extraordinarily important that the Conventional Surrogate prevent pregnancy with their partner during the Conventional Surrogacy procedures.

Delivery:

Any delivery has the potential for complications including bleeding, infection and Cesarean Section. The Conventional Surrogacy procedure itself does not seem to increase these risks over a normally conceived pregnancy.

Unexpected Events:

We understand that, despite reasonable precautions, any of the following may occur which would prevent the establishment of a pregnancy:

- Realizing this is an elective procedure; my physician reserves the right to cancel the cycle at anytime if he feels my health is at risk.
- The time of ovulation may be miscalculated thus making it unlikely for fertilization to take place.
- Even with ideal timing, pregnancy does not always occur.
- In spite of SRMS’ best attempts, there is the exceedingly remote possibility of transmission of a sexually transmitted disease from the inseminated sperm to the Conventional Surrogate.

Psychological Concerns:

We are aware that the Conventional Surrogacy may have serious psychological consequences with respect to, but not limited to, the CS, the CS-child, the CS-Commissioning Couple/Intended Parent, the CS-Partner as well as other family relationships. Psychological counseling is always available upon request. In general, however, the majority of CS’ feel quite fulfilled in their attempts to help others.

Legal Concerns:

We shall indemnify SRMS for any attorney’s fees, court costs, damages, judgments, or any other losses or expenses incurred by SRMS, or for which SRMS, may be responsible with respect to any ‘third party’ claim, legal action or defense thereto, arising out of The Conventional Surrogacy procedures herein contemplated, including, but not limited to any claim or legal action brought by the child or children resulting from the Conventional Surrogacy procedures.

Education, Publication and Confidentiality Concerns:

It is possible that our participation in this program may aid in the development of techniques that will assist other couples/individuals and that new and useful information may be obtained from our procedures. Therefore, realizing that our identity will **not** be disclosed, we agree to the taking and publication of photographs, slides or videotapes and/or the active/passive participation of medical/laboratory guests SRMS. We realize that specific medical details maybe included in medical discussions or publications without our consent as long as reasonable efforts are made to conceal our identity. ***Only with prior consent will our identity be purposefully disclosed.*** These photographs may be used for general documentation of the medical records or for educational purposes, i.e., publications and/or lectures at a national, state or local level.

The confidentiality of the medical records will be maintained in accordance with Florida law. SRMS is mandated by Federal statutes to obtain confirmation of all delivery data on the Conventional Surrogacy pregnancies. We agree to forward any needed information to fulfill the Federal statutes including, but not necessarily limited to, a copy of the birth certificate & a copy of the birth announcement, the newborn sex, newborn weight and any information regarding pregnancy, delivery and newborn complications. We agree that our records may be reviewed by outside agencies including, but not necessarily limited to, the Federal Food and Drug Administration (FDA) or the Society of Assisted Reproductive Technologies (SART). Upon occasion, we understand that these same agencies may contact us to confirm the pregnancy outcome.

Data from your Conventional Surrogacy procedure will also be provided to Centers for Disease Control and Prevention (CDC). The 1992 Fertility Clinic Success Rate and Certification Act requires that CDC collect data on all assisted reproductive technology cycles preformed in the United States annually and report success rates using these data. Because sensitive information will be collected on you, CDC applied for and received an “assurance of confidentiality” for this project under the provisions of the Public Health Service Act, Section 308(d). This means that any information that CDC has that identifies you will not be disclosed to anyone else without your consent.

Alternatives:

I/We understand that there may be other alternatives in obtaining a child rather than Conventional Surrogacy such as, but not limited to, adoption. Many individuals who would like to adopt, however, are unable to do so and Conventional Surrogacy remains one of their only options.

General Concerns:

I/We understand that the practice of medicine is not an exact science and while our physician has recommended Conventional Surrogacy, **there is no guarantee that the procedures will result in a successful pregnancy and delivery.**

We understand that we may elect not to continue with the Conventional Surrogacy procedures at any time and that this decision will not affect present or future medical care at SRMS. Likewise,

Conventional Surrogacy Commissioning Couple Intended Parent Consent For Therapy (*cont.*)

we acknowledge that our acceptance and continued participation in the program is at the sole discretion of the SRMS medical team.

I/We have read the above materials and understand the possible complications of the proposed procedures. We have had the opportunity to ask questions and to inquire about the risks and benefits of the Conventional Surrogacy program. Our questions have been answered to our satisfaction and we understand the information given to us.

I/We understand that this Consent for Conventional Surrogacy Therapy is to be considered valid for **all** future Conventional Surrogacy procedures, unless specifically revoked by us.

All of the blanks in this consent have been filled prior to the signing of the signatures below:

_____	_____	___/___/___
Commissioning Adult Signature	Commissioning Adult Name (Print)	Date
_____	_____	___/___/___
Partner's Signature	Partner's Name (Print)	Date
_____	_____	___/___/___
Nurse Coordinator Signature	Nurse Coordinator Name (Print)	Date
_____	_____	___/___/___
Physician Signature	Physician Name (Print)	Date

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