

CHIREC - Medically Assisted Reproduction Center – HBW/DELTA

Autorization for IVF treatment	<i>Rédacteur : Romain Imbert</i>
FE-MEDI-003- version12-GB	<i>Vérificateur : Célia André</i>
Date d'application : 21/05/2024	<i>Approbateur : Romain Imbert</i>

Agreement and authorization for an IVF cycle treatment

Informed consent form

This informed consent form was given to the prospective parents on ____/____/_____
by _____ MD.

Stamp and signature of the doctor :

This agreement is hereby entered into by, on the one hand, the **CHIREC Medically Assisted Reproduction Center**, represented by R. IMBERT, MD, Department head, and located in:

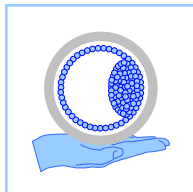
CHIREC - Braine-l'Alleud – Waterloo Hospital :	CHIREC - Delta:
Adress : Rue Wayez, 35 1420 Braine-l'Alleud Phone : + 32 2 434 95 55 (working days) Fax : + 32 2 434 95 56 E-mail : pma.hbw@chirec.be	Adress : Boulevard du Triomphe, 201 1160 Bruxelles Phone : + 32 2 434 81 73 (working days) Fax : + 32 2 434 81 98 E-mail : pma@chirec.be

And on the other hand, **the prospective parents:**

SURNAME - First name : _____	SURNAME - First name : _____
Date of birth : ____/____/____	Date of birth : ____/____/____
Adress : _____ _____	Adress : _____ _____

E-mail adress(es) : _____@_____

_____@_____



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Done in :	Date :/...../.....
We, Mrs,	born on
And, Mr/Mrs,	born on

Prospective parents, hereby confirm that they :

- **Have received the detailed information document on IVF techniques**
- **Have been informed of the costs of care for an IVF treatment (annex flyer)**
- Have been informed on treatment options in the context of medically assisted reproduction, including adoption, as well as medical and legal limits of care.
- The medical staff has explained the benefits as well as the disadvantages and risks of in vitro fertilization (IVF) treatment, including risks of ovarian hyper-stimulation syndrome, infection or haemorrhage.
- Have accepted that risks and complications that might occur during treatment are not necessarily known and attributable to the doctor.
- Have been informed of the possibility of using psychological support before, during and after the process, and that we have been given contact details of a specialist.
Participation in prior consultation was highly recommended.
- Have been informed that the laboratory will use the gametes (sperm and oocytes) optimally depending on the initial quality of the gametes provided.
- Have been informed that gametes (sperm and oocytes) and/or embryos that are not suitable for the treatment and intended to be destroyed could be used for training and/or improving IVF lab techniques quality.
- Have informed our referring doctor of any previous care in another center and declare not having cryopreserved embryos in another center.
- **Have informed our doctor of any stay abroad in the last 3 months.**

I/We declare that I have asked the CHIREC Medically Assisted Reproduction (MAR) center, on my/our own initiative and in the absence of constraint, to carry out in vitro fertilization (IVF) with ICSI or IMSI if necessary.

I/we declare that I consent to the collection and use of our gametes (oocytes and sperm) with a view to carrying out in vitro fertilization and embryo transfer (IVF) treatment.

I/we undertake to carry out the necessary examinations to guarantee the health safety of the oocytes and sperm where applicable, i.e. serology for HIV, hepatitis B (HbS Ag, HbS Ac, Ac HbC), hepatitis C (Ac Hc) and syphilis dating less than 3 months before the first sample and serology less than a year old for subsequent samples.

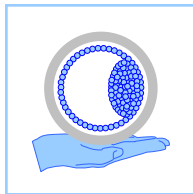
I / We indicate our agreement for our medical and administrative data to be made available to the gynecologists of the CHIREC MAR Center participating in the treatment, and I / we authorize the communication of the data obtained to external bodies with a view to national and international registration as well as monitoring the quality of MAR activity. This communication is done in coded form so that the identity of the people concerned is not revealed to the organization that receives and analyzes the data.

The Federal Agency for Medicines and Health Products (FAMHP) requires MAR centers to use the "Fertidata" application for any use of sperm, oocytes or embryos from a donor. The FAMHP has issued an information document intended for patients requiring this type of treatment. This information document is made available to you on the CHIREC website at the following address:

<https://chirec.be/fr/centers/840000-center-de-procreation-medicalement-assistee-pma/>

I/We undertake jointly and severally to assume the hospitalization costs, medical fees and laboratory costs involved in this attempt at assisted reproduction as well as any additional costs linked to foreseeable or unforeseeable complications.

Any abandonment of treatment for personal, non-medical reasons, after receipt of medications covered by the PMA 1/2 package, will result in reimbursement by the couple of the entire cost of medications dispensed by the hospital. You may be charged a flat rate for the laboratory.



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I/We have been informed that the instructions set out in this agreement may be modified at any time. These modifications must be the subject of a written document signed by all the signatory parties to this agreement.

IVF will be performed with :

- ☐ Gametes of the couple (oocytes from Mrs and sperm from Mr)
- ☐ Oocytes of the applicant and sperm received by a donor
 - ☐ Personal donor (Name/Nr.....)¹
 - ☐ Anonymous donor

In case it would be impossible to obtain the sperm vial, the MAR Center of CHIREC can perform rescue oocyte cryopreservation.

- ☐ I / We agree that the MAR Center of CHIREC perform rescue oocyte cryopreservation.
In this case, an informed consent for oocyte cryopreservation will be signed at the day of oocyte pick-up.
- ☐ I / We refuse the rescue oocyte cryopreservation.
In this case, the oocytes will be destroyed.

The embryos are primarily transferred into the woman's uterus during the same cycle.

What happens to fresh and not-transferred embryos :

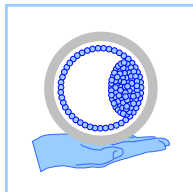
I / We want the supernumerary – and consequently not used – embryos to be:

- ☐ Cryopreserved, in order to attempt a new embryo transfer to complete the parental project underway or for any subsequent one. We therefore fill in the attached questionnaire for embryos cryopreservation.
- ☐ Destroyed.

I / We certify having received and understood sufficient information from the CHIREC MAR Center. We also confirm that we were able to ask any questions and that we have had the time to think in order to sign freely and without coercion the convention.

I undertake / We undertake to notify the MAR Center without delay of any change in family situation or domicile. The MAR center has no obligation to research this information.

¹ If resorting to a personal donor, freezing and storage costs shall be borne by the applicant. The cost of sperm cryopreservation is €150 for each freezing. There are as well fees for freezing of €150 per year (indexable), from the second year and regardless the number of frozen vials. If you have not communicated your decision to stop the treatment within the 30 days following the date of invoice, you are supposed to pursue the treatment and committed to pay the bills.



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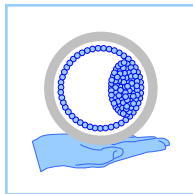
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Prospective parents agree with all the points mentioned above :

<u>Mrs :</u> Date : ____ / ____ / ____ Signature :	<u>Mr/Mrs :</u> Date : ____ / ____ / ____ Signature :
<u>Referred doctor :</u> Date : ____ / ____ / ____ Stamp and signature	

** In the absence of one of the prospective parents, a **proxy** and a **copy of the ID card** are **required** to be given to the Center*

This agreement is made in 2 copies, one for the prospective parents, and the other for the MAR Center.



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Form for cryopreservation of supernumerary embryos

I / We, the prospective parents, declare that I / we have been informed of the benefits as well as the risks of cryopreservation technique.

I / We are aware that embryos do not react identically to the freezing process and might be altered by the technique. Moreover, over the years, the deposition can be altered for one reason or another. This is why I / we are aware and I / we agree that the CHIREC MAR Center cannot guarantee, nor be held responsible for the quality of embryos after thawing.

I / We have been advised that the cryopreservation period is legally limited to a 5-year period, beginning on the day of cryopreservation.

I / We wish

- ☐ Not to reduce this period
- ☐ To reduce it to a fixed period ofyears/months.

This period may be extended in special circumstances. This request must be the subject of a written document, signed and sent by the prospective parents by registered mail. As for any request to assisted procreation, the CHIREC MAR Center reserves the right to invoke a conscience clause concerning received requests.

If the extension is approved, an annual rental charge of €150 indexable will be required from the prospective parents. If the extension is refused, the MAR Center can give the contact details of another center. Prospective parents will have two months to organise, at their own expense, the transfer of their embryos to another center in the necessary conditions for their preservation.

I / We have been informed that if I / we have not made contact with the CHIREC MAR Center, at the end of the 5-year period, it will consider the choice mentioned in the Form for Cryopreservation of supernumerary embryos.

If, for reasons of force majeure, the Center had to be apart from the embryos bank, I/we authorize the MAR Center to transfer the frozen vials to another bank with which the center has an agreement. In this case, I/we will be informed by the IVF center with a regular mail within six months following the embryos transfer.

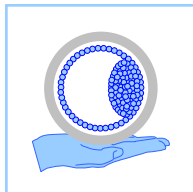
I / We declare that I/we have requested the MAR Center of CHIREC, on my own initiative and without coercion, to carry out cryopreservation of my/our supernumerary embryos.

New oocytes retrieval shall not be made before having replaced all existing frozen embryos.

I/we are (are) informed that during each implantation of cryopreserved supernumerary embryo(s), the (both) author(s) of the parental project must, prior to any procedure medical, having indicated his/her effective consent to this new implantation by signing document FE-MEDI-016 Thawing of embryos and transfer.

The agreement signed by both partners – if it is a couple project – or by the applicant must therefore be submitted at the latest on the day of transfer to the MAR center. In the absence of one of the authors of the parental project, a power of attorney as well as a copy of the identity card must be given to the MAR center.

If the document is not available, I/we understand that the embryo transfer will be canceled.



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What happens to cryopreserved supernumerary embryos:

1/ At the expiry of the 5-year period of cryopreservation, I/we want my/our supernumerary embryos to be (select):

☐ **A. Allocated to an anonymous embryo donation program, free of charge and definitive.**

To be accepted into the donation program, patients must be maximum 35 years old (for women) and 45 years old (for men) at the date of embryo freezing. After 5 years, you will be contacted by the MAR center to confirm your choice.

You will be invited to complete a personal and familial anamnesis form, to perform blood test and genetic test and to meet a psychiatrist in CHIREC. Informed consent specific to embryo donation must also be signed.

I / we undertake to submit to any examination and to provide any necessary medical information for the implementation of the Act of 06/07/2007 applied under this agreement to enable the Center to ensure respect for the safety of donated embryos.

Assuming I / we would refuse or stop submitting to any examinations, or if the test results are incompatible with the donation, I / we have been informed my / our supernumerary embryos will be destroyed by CHIREC, according to the current law

☐ **B. Destroyed by CHIREC, according to the current law**

*** Scientific research:** the law of 6 July 2007 on MAR and destination of supernumerary embryos and gametes provides possibility of donating gametes and/or supernumerary embryos for a scientific research program. I am / We are informed that the CHIREC MAR center does not carry out research on gametes and embryos within the meaning of the law of 11 May 2003 related to in vitro embryo research

I am / We are informed that:

- in the event of a separation, divorce, permanent decision-making incapacity of one of the prospective parents, irresolvable differences of opinion,
- exceeding of the legal age (47 years old) by the prospective mother at the date of the embryo transfer,

the MAR Center will take account of the last joint instruction given by the prospective parents.

2 / In case of death of one of the prospective parents, we want the cryopreserved supernumerary embryos to be :

☐ **A. Preserved for a post-mortem implantation.** This implantation can only be performed after a period of 6 months, starting on the day of death of the prospective parent and, at the latest, within 5 years after the death of the parent. If no news from you within 5 years of death, embryos will be destroyed by CHIREC according to the current law.

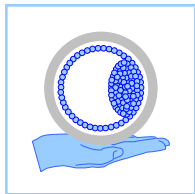
As for any request for assisted reproduction, the Chirec MAR Center reserves the right to invoke a conscience clause concerning received requests. In case of refusal to comply this request, the MAR Center can give the contact details of another center. Prospective parents will therefore have two months to organize, at their own expense, the transfer of embryos to the other center in the necessary conditions for their preservation.

☐ **B. Destroyed by CHIREC, according to the current law**

I / We agree that the medical and administrative data be made available to the gynecologists of the Chirec MAR Center involved in the treatment and authorize communication of data to external bodies with the aim of national and international registration and monitoring of the quality of the MAR activity. This communication is transmitted in encrypted form so that the identity of the persons concerned is not disclosed to the agency that receives and analyses the data.

The Federal Agency for Medicines and Health Products (FAMHP) requires MAR centers to use the "Fertidata" application for any use of sperm, oocytes or embryos from a donor. The FAMHP has issued an information document intended for patients requiring this type of treatment. This information document is made available to you on the CHIREC website at the following address:

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I undertake / We undertake to notify the MAR Center without delay of any change in family situation or domicile. The MAR center has no obligation to research this information. If due to a lack of updated information, at the end of the stipulated deadlines, the center cannot contact the authors of the parental project and signatories of this agreement, the arrangements made here will be carried out without delay and without further notice.

Prospective parents agree with all the points mentioned above :

<u>Mrs :</u> Date : ____ / ____ / ____ Signature :	<u>Mr/Mrs :</u> Date : ____ / ____ / ____ Signature :
<u>Referred doctor :</u> Date : ____ / ____ / ____ Stamp and signature	

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