NAME: ______________________________

**ARMS EMBRYO TRANSFER POLICY AND CONSENT**

**Introduction**

We have developed this form to help convey to you our Embryo Transfer Guidelines and to seek your input into the important decisions that impact the decision of how many embryos to transfer. Since all embryos are frozen and then a Frozen Embryo Transfer (FET) is performed later, decisions that lead up to what and how to freeze will impact the choices available to you when you are deciding how many embryos to transfer in you Frozen embryo transfer. This means that the information you provide to us in this document will be used to prepare the number of embryos available to transfer. We will not be able to easily modify the number of embryos to transfer once you have signed this consent form, so we encourage you to address any concerns you have prior to signing.

FET pregnancy rate are highly dependent on the age of the woman and the quality of the embryos. Deciding how many embryos to transfer is a complex decision of trying to maximize the probability of a pregnancy, yet minimize the chance of multiples (twins and greater).

Multiple gestations can be dangerous to the pregnant woman and to her fetus(es). It can result in premature birth, which can result in complications of pre-maturity, which include but are not limited to severe brain, lung, intestinal and/or eye damage. The Society for Assisted Reproductive Technologies (SART), of which most reproductive clinics are members, has recommended embryo transfer policies to reduce the risk of multiples. As a member of SART, we are obliged to follow their guidelines by voluntarily reducing the numbers of embryos we transfer to women. We are committed to reducing multiple gestations and we follow the guidelines of the Society for Assisted Reproductive Technologies (SART) and the American Society for Reproductive Medicine (ASRM) in deciding how many embryos to transfer.

**Transfer of Blastocysts**

The majority of embryos transferred at ARMS are Blastocysts. We currently only freeze blastocysts.

**Transfer of 1 vs 2 blastocysts**

It is recommended to reduce your chance of twins by only transferring one embryo in an FET cycle. Our most current analysis indicates that transferring 1 instead of 2 embryos might result in only a modest decrease in the per transfer pregnancy rate. It will not decrease your cumulative chance of pregnancy form the embryos created from an egg retrieval. Transferring one embryo reduces the incidence of twins. When one blastocyst is transferred, the risk of a multiple in those that conceive is approximately 3% due to the risk of identical twinning. When two blastocysts are transferred the risk of a multiple in those that conceive is approximately 55%.
Embryo Grouping per container when freezing

The biggest restriction we face in how many embryos to transfer is the manner in which they are frozen. If they are frozen two per vial, then we usually recommend thawing and transferring both embryos if both survive thaw. It is rare for an embryo to not survive thawing. Occasionally an embryo is not found in the vial after the thaw. **If only one embryo is available after thawing a vial of two embryos, we will only thaw a second vial if the patient has a vial that contains one embryo; otherwise we transfer just one embryo.**

If a patient electively decides to transfer only one blastocyst, either the patient needs to have had all of their embryos frozen one per vial, or the patient can elect to have the “extra” thawed embryo cultured for another day, and if it survives, refreeze. There is a charge for refreezing an embryo. Please contact our business office for the charge for this.

**ARMS Embryo Transfer Policy Guidelines**

Even when one embryo is transferred, there is still the possibility that the embryo may split and produce another embryo, resulting in twins or even triplets. In most cases, we will transfer a maximum of two blastocysts. We feel that your best chance to become pregnant and to reduce the probability of multiples is to follow our ARMS embryo transfer protocol but we realize that you may have specific issues that might necessitate transferring a different number.

These are our recommendations for the number of embryos to transfer:

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<td>Prognosis</td>
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<td>Blastocysts</td>
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Euploid: The results of PGS are normal.
Other Favorable: Availability of quality embryos that reached blastcyst stage by day 6, 1st FET cycle, or previous live birth after an IVF cycle.
All Others: Patients who do not fit into the above 2 categories.
We will seek your input on whether you are okay with 1) discarding embryos without an inner cell mass, 2) whether you would consider selective reduction if too many embryos implant and 3) whether you agree to follow our guidelines for the grouping of embryos which can affect your decision on the number of embryos to transfer later. We feel that agreeing to our recommendations will give you the best probability for a pregnancy.

1) Discarding Embryos Without an Inner Cell Mass

Embryo quality correlates with the embryo’s ability to implant into the uterus. Currently, we only freeze embryos at day 5, 6, or 7 (blastocyst stage). Blastocysts have two cell types, the inner cell mass which eventually makes up the fetus, and trophectoderm cells that make up the placenta. We freeze all blastocysts that have at least some inner cell mass cells. Without an inner cell mass, the embryo may implant but there is no fetus to develop and so a miscarriage occurs. We do not recommend freezing embryos without an inner cell mass. Some patients feel very strongly about freezing all embryos whether they have an inner cell mass or not. How do you feel about this policy? Any embryo that does not grow from one day to the next is always discarded.

2) Selective Reduction

Selective reduction is the termination of implanted embryos from the uterus and is usually recommended when more than 3 embryos implant. This is done to reduce the danger to your life and the fetuses’. Selective reduction is performed by an outside physician and in most cases involves injecting a salt solution into implantation sacs so that ideally only two sacs will remain. We want to reduce as much as possible the probability of placing you in the difficult situation of having to decide between a possible dangerous multiple pregnancy and selective reduction. If a couple is uncomfortable with selective reduction we will not transfer more than two day 5-7 or three day 3 embryos. How do you feel about selective reduction?

3) Embryo Grouping Policy

As a result of the above issues, the way the embryos are grouped can significantly impact your available choice of how many embryos to transfer. Also, though a person may be interested in transferring two embryos in the first transfers, often their decision changes after they have has their first successful pregnancy and are now returning for a second FET. In this situation, often they now only want one embryo transferred. Because of this, our policy is to freeze embryos by themselves in a container up to a certain number. However, when there is a large number of embryos available to freeze, we freeze some grouped as two per container. This is because, after many transfers, most patients desire to transfer two rather than just one. This allows us to reduce unnecessary reductions in our storage tank capacity. Embryos that are undergoing genetic testing are always frozen by themselves. Our policy is as follows:

Freeze the first 10 blastocysts by themselves in a container. Any additional blastocysts are frozen in groups of two per container.

If you desire to have all of your embryos frozen by yourselves, there will be an additional charge to do so. Please contact the financial office for details.
ARMS EMBRYO TRANSFER POLICY AND CONSENT FORM

Poor Embryos

__________ I/We agree to follow ARMS recommendations as previously described to discard embryos that lack an inner cell mass.

__________ I/We do not agree with the ARMS recommendation and we wish that no embryos be discarded. We realize that this may decrease our chances for a pregnancy. (Embryos with three pronuclei are always discarded. These are embryos with three copies of DNA and are incompatible with life. In no case will more embryos be transferred than the maximum in the ARMS guideline. The alternative is to freeze poor embryos, which may result in freezing embryos with a minimal chance of survival.)

Selective Reduction

__________ We/I would consider selective reduction if necessary.

__________ We/I would not consider selective reduction if necessary.

Embryo Grouping

__________ I/We agree to follow ARMS’ recommendations on how to group embryos as previously described to freeze the first 10 blastocysts by themselves in a container and freeze any additional blastocysts two per container. All genetically tested embryos are frozen by themselves.

__________ I/We do not agree with ARMS’ recommendations on how to group embryos for freezing. Instead, we desire all embryos to be frozen by themselves. We agree to pay any additional fees.

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