

FORM A

**CONSENT TO INFERTILITY TREATMENT INVOLVING THE USE OF THE
COUPLE'S OWN REPRODUCTIVE MATERIAL**

(Clause 15 Code of Ethical Clinical Practice)

I/We
(print full name of consenting person and consenting partner, if any)

of
(print full address)

CONFIRM

- That I/we have received, read and understood the information statement as required by the Code of Ethical Clinical Practice (Reproductive Technology (Clinical Practices) Act 1988).
- That I/we have received information and counselling regarding all of the following matters:
 - * the medical and surgical procedures involved in the treatment
 - * the risks involved in the treatment
 - * the stress factors involved in the treatment
 - * the likelihood of the various possible outcomes of the treatment
 - * the paramount importance of the welfare of any child that may be born in consequence of the treatment
 - * current knowledge and research about the psychological and physical outcomes for children born as a consequence of the application of artificial fertilization procedures
 - * the risks of multiple births and congenital abnormalities

UNDERSTAND

- That I/we are entitled to a copy of this completed consent form.
- That I/we may vary this consent at any time by notice in writing to the Licensee* *in accordance with the Reproductive Technology Act 1988 (consent forms) standard.*
- That I/we, individually and/or together, may revoke this consent at any time by notice in writing to the Licensee* *in accordance with the Reproductive Technology Act 1988 (consent forms) standard.* In the event of the breakdown of the relationship it is the responsibility of the male partner to withdraw his consent to the use of any frozen gametes/embryos. ***Failure to do so could result in him being liable for maintenance payments.***
- That this consent may be given subject to conditions and that provision is made for me/us to specify such conditions below:

.....
.....
.....
.....

(Set out in full any conditions, in addition to the conditions stated above, to which the consent is subject. If additional space is required, attach an extra page signed by the consenting person(s) and the medical practitioner.)

* *The Licensee is Adelaide Fertility Centre Pty Ltd trading as Repromed.*

CONSENT

I/We, the abovenamed, having read the contents of this consent form, hereby consent to infertility treatment involving the use of my/our reproductive material.

SIGNED:
(female partner)

SIGNED:
(male partner)

.....
(print name)

.....
(print name)

DATE:

DATE:

IN THE PRESENCE OF:
(Signature of Medical Practitioner)

IN THE PRESENCE OF:
(Signature of Medical Practitioner)

PRINT FULL NAME OF MEDICAL PRACTITIONER:

PRINT FULL NAME OF MEDICAL PRACTITIONER:

.....

.....

DATE:

DATE:

STATEMENT BY MEDICAL PRACTITIONER

I (print full name of medical practitioner) confirm that an information statement **Version** _____ **20** has been provided to (print full name of consenting person) and to (print full name of consenting partner, if any) in accordance with the Code of Ethical Clinical Practice (Reproductive Technology (Clinical Practices) Act 1988).

SIGNED BY THE MEDICAL PRACTITIONER :

DATED THIS **DAY OF** **20**

WHERE THIS CONSENT TO INFERTILITY TREATMENT INVOLVES THE USE OF AN IN VITRO FERTILIZATION PROCEDURE IT IS EFFECTIVE FOR THREE (3) CYCLES OF SUCH TREATMENT OR FOR TWELVE (12) MONTHS, WHICHEVER FIRST OCCURS - OTHERWISE IT IS VALID FOR TWELVE (12) MONTHS.