Woman
Name:
Personal number:

Man
Name:
Personal number:

We hereby request the help of the Unit for Assisted Reproduction at the Women's Clinic, Haukeland University Hospital, to conceive by way of assisted reproduction.

We are married/in a stable co-habiting relationship and unable to conceive without this treatment.

1. We have received information from doctor _____, employed at the Women's Clinic. We understand that the method will involve:
   a) Pre-treatment for the woman in the form of hormone drugs and other required medication.
   b) Retrieval of one or more eggs from the woman's ovaries, by way of ultrasound-guided surgery.
   c) Fertilisation of the egg(s) using sperm from the husband/co-habiting partner. Microinjection of sperm, if required in order to achieve the best possible outcome.
   d) Storage and cultivation of the fertilised embryos until such time that they can be transferred to the woman.
   e) Selection and transfer of one or two embryos deemed by the clinic to have the best possible chance of achieving pregnancy.
   f) Possible freezing of any surplus embryos of adequate quality. These may be used for future treatment.

2. We consent to the administration of medication and sedatives that may be required for the purpose of treatment.

3. We are aware of potential side effects such as ovarian hyperstimulation, and that there is a risk of bleeding and infection associated with egg retrieval. We also consent to surgical treatment as part or as a result of the treatment programme.

4. We are aware that the treatment may be discontinued prior to egg retrieval on medical grounds (adverse response to hormone treatment) or after egg retrieval (no eggs, failed fertilisation, reduced egg quality or technical failure).

5. Fertilised embryos of adequate quality that are not transferred will be frozen and stored until the woman turns 46 years old. We are aware that frozen embryos may only be used in attempts to make the wife/co-habiting partner conceive. If we were to divorce or separate during the storage term it will not be possible to use the frozen embryos. Surviving wife/co-habiting partner can use eggs that have been fertilized with the deceased's semen for assisted reproduction. It must be documented that it is the deceased's wish.

6. We understand and accept that treatment does not guarantee pregnancy. Furthermore, we are aware that this treatment may result in spontaneous termination (miscarriage), ectopic pregnancy and premature birth. Birth defects are just as common as in children conceived naturally. We are also aware that, if the treatment does not result in pregnancy, this may at times result in depression.

7. We have been informed that adoption is a possible alternative to assisted reproduction treatment.

8. We confirm that we have read the information brochure and have had the time to consider the content of this document for at least 2 days, as well as the opportunity to further research the matter.

9. We have been informed of the fact that, seeing as this is a university hospital, we may come into contact with students during the course of the treatment. We have also been informed that we may be asked to participate in studies at the clinic.

10. We are aware that, based on statutory requirements, data relating to the treatment will be stored for at least 30 years. Traceability requirements will at all times take precedence over the donor's desire to have data about themselves removed once the material has been used.

11. In accordance with the Biotechnology Act and the Regulations on quality and safety requirements for the handling of human cells and tissue, the clinic sends an annual report to the Norwegian Directorate of Health . Among other things, the report contains an overview of the types and quantities of cells and tissues extracted, tested, preserved, stored, processed, distributed and discarded by the facility, as well as treatment outcomes.

12. Health care personnel offering and administering artificial (assisted) reproduction are required to report information to the Medical Birth Registry unless the couple opposes this. Information reported includes reason for infertility, how long the couple have been infertile, treatment method, number of embryos transferred, number of treatment attempts, date of embryo transfer and ultrasound exam in the first trimester, status at ultrasound exam in first trimester, number of foetuses and number of foetuses with a detectable heartbeat.

13. We consent to the Medical Birth Registry being notified of pregnancy achieved as a result of assisted reproduction treatment. This is done in order to quality assure the pregnancy and birth process, and the child's health at birth. The information will be handled in strictest confidence. Research projects wishing to access the data must have special permission to do so. All data disclosed for research purposes will be anonymised.

    Yes ☐ No ☐

14. We authorise the Unit for Assisted Reproduction at the Women's Clinic, Haukeland University Hospital, to collect data concerning pregnancy/birth and, if applicable, periods of time spent on paediatric wards immediately after birth.

    Yes ☐ No ☐

15. If needed, we authorise the Unit for Assisted Reproduction at the Women's Clinic, Haukeland University Hospital to collect information from other institusions to make a medical and psychosocial assessment of the couple.

    Yes ☐ No ☐

16. We consent to any surplus unfertilised and fertilised eggs that cannot, based on the Unit's assessment, be used in treatment being used for training and quality assurance of established methods of assisted reproduction. The eggs will be destroyed once the treatment has been completed.

    Yes ☐ No ☐

NB! The agreement must be signed at the clinic.
In the event of further treatment courses, new assisted reproduction treatment agreements and consents pursuant to section 16 must be obtained. The consents given pursuant to sections 13, 14 and 15 apply to all treatment courses but may be withdrawn at any time.

Location/Date:_____

Woman:_____ Man: _____

For the Unit's use:
Valid ID shown in connection with appointment:

Woman:_____ Date/sign.:_____

Man: _____ Date/sign.:_____

External references
The Patients' Rights Act; §3-1, §3-5, §4-1, §4-2 and §5-1, The Biotechnology Act; §2-5 and §2-14, §3-4, the Act relating to Biobanks; §11 and §12, the Regulations on quality and safety requirements for the handling of human cells and tissue, §26 and §27, the Specialist Health Service Act, § 3-11, the Health Personnel Act, § 10, the Health Register Act §23, the Medical Birth Registry Regulation §1-8 and §2-1