מרכז רפואי ע"ש ברוך פדה, פוריה
The BARUCH PADEH Medical Center, PORIYA

מס' זהות:
שם משפחה: שם פרטי:
שם האב: תאריך לידה:
כתובת:
טלפון:
מדבקת פרטי מטופל

טופס הסכמה: הפרייה חוץ גופית (IVF) לאשה מתרומת ביציות
CONSENT FORM: IN-VITRO FERTILIZATION USING OVA DONATION

Ova donation is offered to women who are candidates for in-vitro fertilization therapy, but are not able to produce eggs on their own due to absent ovaries or complete ovarian failure, or when the response of the ovaries to ovulation inducing agents is deficient and in cases in which a defect in the egg prevents its proper fertilization. The donated egg is fertilized with the husband's sperm and/or sperm obtained from the sperm bank.

A woman found suitable for IVF treatment using ova donation will be treated with hormone preparations, estrogen and then progesterone, cyclically, in order to prepare the uterine endometrium to receive the embryos that will develop after fertilization of the donated eggs. The hormone therapy can be administered at a timing that will enable transfer of the embryos immediately following fertilization or at a later date. If the hormone therapy isn't administered concomitantly, the embryos attained from the fertilization are frozen and kept in the embryo bank until the decision is made to transfer them into the woman's body.

The rate of pregnancies achieved with frozen embryos is lower than with embryos that were not frozen.

After the embryos are transferred into the uterus, supportive hormone therapy must be continued until a blood test is performed to confirm pregnancy. If a pregnancy develops, the hormone therapy will continue according to the attending physician's instructions.

Name of Woman: _____ _____ _____ _____
Last Name First Name Father's Name ID No.

Name of Husband: _____ _____ _____ _____
Last Name First Name Father's Name ID No.

I/We hereby declare and confirm that I/we have been given a detailed oral explanation by:
Dr. _____ _____
Last Name First Name
regarding the deficiency or lack of eggs in the woman's body and the need for ova donation as a basis for IVF treatments (henceforth: "the treatment").

In addition, I/we have been given an explanation concerning the risks and complications associated with the administration of the aforementioned hormone preparations, including: vein thrombosis, emboli and tumors of the female reproductive system.

I/we know and understand that this consent form is an appendix to the in-vitro fertilization consent form, which includes an explanation concerning the process, the side effects, the complications and the risks of in-vitro fertilizations.

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I/we agree that the donor of the egg will be selected by the physician, exclusively at his/her discretion and that I/we will not be entitled to know the identity of the donor, nor her characteristics, or any other detail related to her or her family.

I/we have been told that the donor's eggs undergo various tests, but that these cannot completely prevent the transfer of diseases.

I/we have been told that the use of ova donation does not guarantee that the woman will conceive and/or deliver.

In addition, there is the possibility of complications during the pregnancy and delivery, and that the child or children born may be physically or mentally abnormal, or suffer from malformations or other defects, and genetic predispositions or any other abnormality, just as in natural pregnancies.

I/we hereby give my/our consent to perform the treatment.

I/we know and agree that the treatment and any other procedure will be performed by any designated person, according to the institutional procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the hospital's standard degree of responsibility and in accordance with the law.

I/we hereby waive, on behalf of myself/ourselves, on behalf of my/our heirs, estate and legal representatives and on behalf of any person acting in my/our name, any claim or demand of any kind with regards to, or derived from the tests and treatments performed for the fertilization and from the selection of the egg and donor or her personal, genetic, spiritual and physical characteristics, her country of origin or ethnicity, and concerning the child born, if born, his/her sex, external appearance, nature, characteristics or health condition.

I/we agree and declare that the child born of the ova donation will carry my/our name and be considered my/our son/daughter for all purposes, including alimony and inheritance.

In Case of Use of Donated Sperm

I/we have been told that when using frozen sperm, all tests conducted cannot completely prevent the transfer of disease.

I/we agree that the donor or donors of the sperm used to fertilize the egg, or the sperm itself, will be selected by the said physician, exclusively at his/her discretion and that I/we will not be entitled to know the identity of the man whose sperm was used to inseminate the egg, nor his characteristics, or any other detail related to him or his family.

I/we hereby waive, on behalf of myself/ourselves, on behalf of my/our heirs, estate and legal representatives and on behalf of any person acting in my/our name, any claim or demand of any kind with regards to, or derived from the tests and treatments performed for the insemination, from the insemination itself, from the selection of the sperm and donor or his personal, genetic, spiritual and physical characteristics, his country of origin or ethnicity, and concerning the child born, if born, his/her sex, external appearance, nature, characteristics or health condition.

I/we agree and declare that the child born of the insemination will carry my/our name and be considered my/our son/daughter for all purposes, including alimony and inheritance.

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מדבקת פרטי מטופל

_____ _____
Date Time

_____ _____
Woman's Signature Husband's Signature (for married women)

I hereby confirm that I have given the woman / the couple a detailed oral explanation of all the above-mentioned facts and considerations as required and that she/they has/have signed the consent form in my presence after I was convinced that she/they fully understood my explanations.

_____ _____ _____
Name of Physician Physician Signature License No.