OTTAWA FERTILITY CENTRE
CENTRE DE FERTILITÉ D'OTTAWA

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We have developed an online IVF Consent video to help you understand the IVF process including both the benefits and risks associated with this treatment. It's important to understand the treatment of IVF before proceeding through your treatment or putting your name on the Funded IVF waiting list.

Please follow these instructions to view our IVF Consent Video:

1. Go to OFC's website: www.conceive.ca
2. Under the "Videos" menu (top right) click "IVF Education Program"
3. Use the password: OFCNurse2020
4. The first video is the WebIVF Consent Video
5. Please watch the entire video.

We want to make sure you understand the information we are sharing with you. There is a Quiz that you are required to complete, sign and send back to your Physician's office. The answers will be reviewed at the time of your in-person IVF Consent Signing appointment with your Physician. Please email your quiz answers to administration@conceive.ca prior to your IVF Consent appointment.

Please note if you are completing the IVF Consent video and quiz prior to putting your name on the Funded IVF Waiting list, you will need to email your completed Quiz to administration@conceive.ca before your name will be added to the waiting list.

We strongly recommend using Chrome web browser to watch the videos, if using a Mac computer please download the application Chrome. Videos might not play on Safari or Edge.

If you have any questions that you wish to discuss with your Physician, please contact their office to schedule a follow-up appointment.

We wish you all the success in the near future.

Your Ottawa Fertility Centre Team

Ottawa Fertility Centre's Online IVF Consent Video Assessment of Understanding

Name: _____ **Date of Birth: _____**

Please complete this short quiz and sign at the bottom of this form after watching the IVF consent video. Please contact your OFC physician's office should you have any questions after watching the video. A follow-up appointment with your physician can be arranged.

1. Intracytoplasmic sperm injection (ICSI) is when a single sperm is injected into an egg. In which of the following cases is it NOT used?
   - ◯ Low sperm count
   - ◯ Decreased motility (only a few sperm are swimming)
   - ◯ Surgically-retrieved sperm (small amounts of sperm are taken out of the testicle by a surgical procedure if there are no sperm in the ejaculate)
   - ◯ Donor sperm (normal sperm is used from a sperm donor)

2. You may drive home after your egg retrieval – true or false
   - ◯ True
   - ◯ False

3. Your IVF cycle may not be completed as planned, if:
   - ◯ Poor stimulation (You grow few or no egg follicles)
   - ◯ Overstimulation (You grow too many egg follicles putting you at high risk for ovarian hyperstimulation syndrome)
   - ◯ No eggs are found at the egg retrieval
   - ◯ No eggs are fertilized (after sperm and eggs are united they do not make an embryo)
   - ◯ All of the above

4. Twin pregnancies are higher risk than singleton pregnancies. Which of the following risks is NOT HIGHER in twin pregnancies:
   - ◯ Delivering post-dates (past your due date)
   - ◯ Cesarean section delivery
   - ◯ Postpartum bleeding (bleeding abnormally heavy after the delivery of a baby)
   - ◯ Diabetes
   - ◯ High blood pressure

5. Your chance of miscarriage increases as you get older – true or false
   - ◯ True
   - ◯ False

I, _____ acknowledge that I have reviewed the IVF Consent video and that I understand the basic principles of IVF. I also understand that I will receive an in-person IVF Consent appointment with my physician which will review IVF in more detail. I confirm that I am aware of the next steps which I will be taking in order to obtain treatment and if I have questions or want to change treatment plans in any way that I will contact my OFC physician's office.

_____ _____

Signature Date

Ontario Fertility Program

Patient Information

Questions? Please visit:
www.ontario.ca/fertility

Overview

Access to government-funded fertility services is available to eligible patients for all forms of infertility, including medical and non-medical infertility, such as for single people or same sex couples. It is also open to those who require a donor or surrogate. Access to the program is not based on gender, sexual orientation or family status.

Under the Ontario Fertility Program, the government contributes to the funding of:

- Unlimited cycles of artificial insemination (AI), including intra-uterine insemination (IUI)
- One cycle of fertility preservation (FP) for medical reasons (sperm or egg preservation), per patient per lifetime
- One cycle of in vitro fertilization (IVF) per patient per lifetime
  - Exception of one additional cycle of IVF per lifetime if patient has acted or is acting as a surrogate.

Artificial Insemination (AI) / Intra-Uterine Insemination (IUI)

Am I eligible for funded AI/IUI?

You must hold a valid Ontario health card.

How do I receive funded AI/IUI?

- Contact a participating clinic (listed at www.ontario.ca/fertility) and meet with a physician to set an appropriate treatment plan
- Sign a consent form with a participating clinic
- Participating clinic will confirm your eligibility. Please note, being placed on a wait list does not indicate eligibility.

Can I use a donor?

Yes, the program covers services for patients using donor sperm but does not cover the cost to purchase donor sperm.

What services are covered?

- Physician/nurse assessments and counselling
- Cycle monitoring
- Certain blood and urine tests
- Certain ultrasounds
- Insemination procedure (but not sperm washing).

What services are not covered?

- Any drugs or medications
- Sperm washing/preparation before insemination
- Purchase, shipping or storage of donor sperm
- Counselling by a psychologist or social worker
- Various optional tests.

Fertility Preservation (FP)

Am I eligible for funded FP?

You must meet <u>all</u> of the following three criteria:

- Hold a valid Ontario health card; and
- Be diagnosed by a physician as having a medical condition where the planned treatment for that condition is known to affect fertility and may lead to infertility; and
- Have not yet received one funded FP cycle per lifetime (patients can receive funded FP separate from funded IVF).

How do I receive funded FP?

- Contact a participating clinic (listed at www.ontario.ca/fertility) and meet with a physician to set an appropriate treatment plan
- Sign a consent form with a participating clinic
- Participating clinic will confirm your eligibility. Please note, being placed on a wait list does not indicate eligibility.

What services are covered?

- Physician/nurse assessments and counselling
- Up to two attempts at cycle monitoring
- Certain blood and urine tests
- Certain Ultrasounds
- One attempt at egg retrieval
- Sperm collection or, if required, one attempt at surgical sperm retrieval using certain techniques
- Freezing of <u>one</u> batch/sample of eggs or sperm.

What services are not covered?

- Any drugs or medications
- Preservation of additional batches/samples
- Storage or shipping of eggs/sperm.
- Counselling by a psychologist or social worker
- Various optional tests.

Ontario

Ministry of Health and Long-Term Care (Updated July 28, 2016)

In Vitro Fertilization (IVF)

Am I eligible for funded IVF?

Eligibility is determined based on the patient who will undergo the embryo transfer (the patient who is trying to get pregnant), and who must meet all of the following three criteria:

- Hold a valid Ontario health card; and
- Be under age 43 years old; and
- Have not yet received one funded IVF cycle per lifetime (patients can receive funded IVF separate from funded FP).

Can my partner or donor participate?

Other people can participate in the patient's funded IVF cycle (such as providing eggs or sperm). There is no age requirement for them, but they must also hold a valid Ontario health card in order to receive funded services (such as egg retrieval or sperm collection/retrieval); otherwise, the clinic may charge for the services provided to the other participants.

How do I receive funded IVF?

- Contact a participating clinic (listed at www.ontario.ca/fertility) and meet with a physician to set an appropriate treatment plan
- Sign a consent form with a participating clinic
- Participating clinic will confirm your eligibility. Please note, being placed on a wait list does not indicate eligibility.

Will there be a waiting list?

Waiting times to receive funded IVF vary from clinic to clinic. All clinics must have established wait list policies to manage patients seeking to receive funded services. Ask your clinic for its wait list policy and the approximate wait time for funded IVF.

What services are covered?

- Physician/nurse assessments and counselling
- Up to two attempts at cycle monitoring
- Certain blood and urine tests
- Certain Ultrasounds
- One attempt at egg retrieval
- Sperm collection or, if required, one attempt at surgical sperm retrieval using certain techniques
- Fertilization and embryology services, including intra-cytoplasmic sperm injection (ICSI), assisted hatching and blastocyst culture
- One-at-a-time transfer of all embryos (fresh/frozen)
- Embryo freezing, thawing and culture.

What services are not covered?

- Any drugs or medications
- Storage or shipping of eggs/sperm/embryos
- Purchase of donor sperm or eggs
- Counselling by a psychologist or social worker
- Various optional tests
- Any services performed on other people participating in the patient's funded IVF cycle, if they do not also hold a valid Ontario health card.

How many embryos can I transfer?

A multiple pregnancy (twins/triplets) presents health risks for mothers and babies. There is a mandatory single embryo transfer policy for funded IVF, although there are some exceptions based on patient age and other medical criteria. Ask your clinic for more details.

Funded IVF Cycle: *Start to Finish*

The program recognizes that every patient will have different fertility treatment needs. While funding covers one IVF cycle, that cycle will vary from patient to patient. The cycle start points specify the different entry types into the program, while the cycle end points indicate when the funded cycle is complete and the patient is not eligible for further funded IVF services.

*The funded IVF cycle includes the one-at-a-time transfer of **all** viable embryos from **one** start point to the **first** end point:*

Cycle Start Points

You will:

- Undergo an egg retrieval
- Have a donor undergo an egg retrieval for you
- Use previously-retrieved eggs (own or donor); or
- Use previously-created embryos (own or donor).

Cycle End Points

- Two cycle monitoring attempts with no egg retrieval
- One failed egg retrieval
- One failed surgical sperm retrieval and no alternate sperm source is chosen
- Fertilization and culture of all eggs from cycle start resulted in no viable embryos to transfer
- Thawing/culture of all frozen embryos from cycle start resulted in no viable embryos to transfer; or
- Transfers of all viable embryos (fresh & frozen) from cycle start were performed or are no longer available.

If at any time you wish to permanently end your funded cycle, you may do so by concluding care, which must be done in writing with your clinic. By choosing to conclude care you will not be eligible for any more funded IVF services in the future.

Questions or Concerns? Call ServiceOntario INFOline:
In Toronto 416-314-5518
Toll Free 1-866-532-3161
TTY 1-800-387-5559
Available 8:30am - 5:00pm

This document is for general information purposes only. Funding of services is governed by transfer payment agreements between the ministry and its funding recipients.

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OTTAWA FERTILITY CENTRE
Finding Answers. Offering Hope.

FEES FOR FERTILITY SERVICES

The Ontario Health Insurance Plan (OHIP) covers most fertility related physician consultations and diagnostic tests. The Ontario Fertility Program (www.ontario.ca/fertility) is a seperate government-funded program which covers some fertility treatments under specific eligibiliy criteria and is seperated from Private-Pay fees below under the column "MOH Funded". Patients are encouraged to understand our fees and fee policies prior to payment. Information about our fees is available on our web site at www.conceive.ca or through email: billing@conceive.ca.

Intrauterine Insemination (IUI)	Private-Pay	MOH Funded
Private-Pay patients pay for additional services that are not covered by OHIP. These services include: follicle tracking ultrasound exams, blood work, and the insemination procedure.Typically, 1 day of full monitoring is about $295		
Insemination Procedure	$200	-
IUI with partner sperm – sperm washing (sperm separation)	$850	$850
IUI with Donor Sperm - Handling - If not pre-washed $850 fee will apply - does not include cost of the donor sperm	$300 / unit	$300 / unit

In-Vitro Fertilization (IVF)	Private-Pay	MOH Funded *
** Costs not covered by the MOH Funding Program. ** For a private-pay IVF cycle, a non-refundable $500 enrollment fee will be collected at your Physician's appointment before your IVF chart is given to the Schedule Nurse. This fee is to cover the costs of chart and prescription preparation, IVF education, cycle scheduling, reservation of a treatment start date, and nurse consultation.* *- Private-Pay patients pay for the ultrasound exam to confirm pregnancy and/or to rule out an ectopic pregnancy, physician assessments, and any additional blood tests beyond the first pregnancy test.*		
IVF – Stimulated Cycle **	$9,000	-
IVF – Natural Cycle **	$7,500	-
IVF – Conversion from IUI	$7,500	-
IVF – Known Egg Donor or Gestational Carrier **	$12,100	-
IVF – Previously Frozen Eggs (ICSI included)	$8,000	
IVF/PGT - with ICSI and embryo biopsy (additional fees from Cooper Genomics - see brochure)	$13,100	$1,800
ICSI (if MOH funded - $2000 fee applies if male does not have OHIP)	$2,000	$2,000
ICSI with TESE/PESA sperm (if MOH funded - $2500 fee applies if male does not have OHIP)	$2,500	$2,500
Surgical Sperm Retrieval at OFC (PESA or TESE) including freeze (determined at time of procedure)	$3,000	$700 if PESA $3000 if TESE
Surgical Sperm Retrieval at The Ottawa Hospital (Micro TESE) - OFC fee only	$3,500	$3,500
Sperm Freezing (1st year of storage included)	$700	$500
Embryo Freezing (1st year of storage included)	$1,000	-
Egg Freezing Cycle (non medical reason)	$9,000	-
Egg Freezing Cycle (Non OHIP Cancer)	$7,000	$500
Embryo Freezing Cycle (medical reason) + ($2000 ICSI if required)	$7,300	$3,300
Frozen Embryo Transfer Cycle (FET)	$2,500	-
Egg, Sperm or Embryo Storage (annual fee)	$500	$500
Third Party Reproduction Screening Fee (per patient)	$1,500	$1,500

Refund policy		Private-Pay	MOH Funded
IVF - Enrollment fee ($500) is non-refundable once paid	Cycle cancelled after IVF enrollment[A]	$8,500	-
	Cycle cancelled after 1st ultrasound[A]	$8,000	-
	Cycle cancelled before egg retrieval[A]	$7,500	-
	No Embryo Transfer	$700	-
Egg Freezing (non medical reason)	Cycle cancelled before egg retrieval[A]	$7,500	-
Egg Donation or Gestational Carrier Cycle	Cycle cancelled after scheduling visit; prior to start of monitoring[A]	$11,100	-
	Cycle cancelled before egg retrieval[A]	$9,000	-
	No Embryo Transfer	$700	-
Surgical Sperm Retrieval	No sperm available for freezing	$700	-
Sperm Washing	Cancelled prior to sperm wash. Fees applied to subsequent cycle	$850	-
Sperm Freezing	No sperm found to freeze or inadequate sample for freezing	$500	-

[A]$100 will be credited to patient's next IVF cycle, if funds are kept at OFC

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FEES FOR FERTILITY SERVICES

Fee Policy
1. Full payment of fees is due when patients call with their "Day 1" of menses to initiate treatment.
2. Blue Cross patients are required to pay IVF fees before start of treatment unless pre-authorized by Military MD.
3. Pay invoices online by creating the "Ottawa Fertility Centre" as a bill payment payee with your bank or, for invoices less then $2000, pay using your credit card on our website (https://conceive.ca/fees/). For Patients preferring to pay by cheque, please arrange for a certified cheque made payable to the "Ottawa Fertility Centre".
5. Refunds are processed in the same manner as payment was made and are deposited or mailed to you by the 8th business day of the month following treatment.
6. Fees may change without advanced notice.

Satellite Monitoring	Private-Pay
The Ottawa Fertility Centre (OFC) will only monitor patients in those cases wherein the service cannot be offered at the OFC or where a physician from the OFC has specifically referred the patient to another centre. Satellite monitoring fees are not billable to OHIP	
Consultation with OFC Physician	$355
Satellite Coordination fee (per cycle)	$500
Ultrasound and Blood Monitoring	Fee per service

Additional Fees (Ontario Medical Association Rate)	Private-Pay
Private-Pay fees apply to patients without an OHIP card, satellite monitoring and if the Ontario Fertility Program budget has reached its limit	
Consultation / Surgical Consultation	$355
Physician Follow-Up	$60
IVF Consent Fee	$200
Injection by a nurse	$25
Complete Pelvic Ultrasound	$346
Saline Infusion or Tubal Patency test	$392
Follicle Tracking	$173
Obstetrical Ultrasound (up to 10 weeks)	$346
Blood Draw	$7
Pregnancy Test (ß-hCG plus progesterone)	$66
DHEAS	$45
Estradiol	$63
FSH	$25
LH	$20
TSH	$21
Progesterone	$32
Prolactin	$32
Testosterone	$32
AMH	$70
NIPS	$25
Semen Analysis – CASA	$65
Semen Analysis – Detailed (Morphology or Viability test)	$300

Fee Policy
1. Patient missed appointments are subject to a "no show" fee of $100.00. Two business days' notice is required to cancel an appointment.
2. Fees may change without advanced notice.

To enquire about our fees, request a refund, or obtain a statement of your account, please call our billing office at 613 686-3378 ext 201 or e-mail billing@conceive.ca. We will respond within 2 business days.

Booklet of IVF Adverse Effects and Risks

May 1, 2014

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INTRODUCTION

Reading and understanding this document is part of the process of giving informed consent. We encourage you to read this information carefully. You will be asked to make several decisions before starting your IVF-ET treatment cycle. We hope that this booklet helps you make these important decisions.

As part of our mission, our staff will inform you about your ART procedures and the potential risks associated with it. The following information offers a description of potential adverse effects and risks associated with assisted reproductive technology (ART) procedures offered at the Ottawa Fertility Centre (OFC). You should have received a copy of this booklet and have read this document prior to meeting with your physician to consent for treatment. Prior to the start of treatment, your physician will meet with you to review the most significant potential risks and adverse effects associated with your treatment. You will then be asked to sign the relevant consents and give direction to the OFC on how to use your eggs, sperm and embryos.

Patients are encouraged to ask questions about their procedures so that they fully understand their treatment choices, their chance of success and any potential harmful effects or risks associated with their treatment(s). If you have any questions, please ask any member of our staff.

PRE-TREATMENT RECOMMENDATIONS

During treatment a woman should live a healthy lifestyle in order to optimize her chance of conceiving and having a healthy baby. In addition, the recommendations listed below should be followed.

- Take a prenatal vitamin containing folic acid 1 to 5 mg on a daily basis at least 3 months before your treatment is started to help reduce the chance that your baby will be born with a neural tube defect (spinal bifida).
- Avoid smoking before and during treatment; do not smoke during pregnancy.
- Avoid recreational drugs before or during treatment or when you are pregnant.
- Avoid alcohol during treatment and after pregnancy is established.
- Discuss the use of all prescription and over-the-counter medication (including herbal remedies) with your physician, our nurses or a pharmacist before starting a treatment cycle.
- Ensure that your routine general physical exam, Pap test and vaccination schedules are up to date with your family or OFC doctor.

If a male partner is involved in treatment, he should also:

- Avoid smoking before and during treatment.
- Avoid recreational drugs before or during treatment.
- Drink no more than 2 ounces of alcohol twice per week.
- Discuss the use of all prescription and over-the-counter medication (including herbal remedies) with your physician, our nurses or a pharmacist before a treatment cycle.

IN-VITRO FERTILIZATION

In-vitro fertilization (IVF) is a process in which an unfertilized egg is combined with washed semen in a Petri dish to achieve fertilization. The following information discusses relevant steps involved in the IVF process.

Ovarian Stimulation

To improve chances of pregnancy, the ovaries are usually stimulated to produce multiple follicles (eggs). Various protocols and medications are used to stimulate egg production. Blood tests and ultrasound scans are used to monitor your response to the medications.

The following tables list the medications that may be required during your treatment cycle and some of their possible side effects or complications associated with each.

Any of the medications may be associated with allergic type reactions. Please make sure that you tell the doctor **and** the nurse if you have **any** allergies. Injectable medications may cause local irritation and redness.

From time to time, popular articles suggest that fertility medications may increase the risk of cancer, primarily breast and ovarian cancer. Medical researchers have been unable to prove any increased risk of ovarian or uterine cancer, but there appears to be a small increased risk of breast cancer in some women who use injectable fertility drugs when they are under age 25. In women who used fertility medication in the past there is an increased risk (0.25%) of borderline ovarian cancer after the age of menopause. If you have any questions about a particular medication, please discuss it with your OFC physician or your pharmacist before you start the medication.

Fertility Medications

Medications	Use	Side Effects
Suprefact/Lupron/ Lupron Depot (GnRH Agonist)	Suprefact is a GnRH agonist used before starting and during actual ovarian stimulation. It is given by sub-cutaneous (SC) injection for Suprefact/Lupron and intra-muscular (IM) injection for Lupron Depot.	May cause hot flashes, mood swings, mild headaches, joint symptoms and altered sleep patterns. It is used to help prevent you from ovulating. Occasionally reddening, itching or swelling may occur at the injection sites. Suprefact contains **latex** which may cause allergic reaction. Lupron has no latex and will be the replacement.
Cetrotide/Orgalutran (GnRH Antagonist)	This medication is used to prevent spontaneous ovulation, although 1-2% of patients will still ovulate on the drug and may result in a possible cancellation of a cycle. It is given by sub-cutaneous (SC) injection.	May cause headache, fatigue, dizziness and nausea. Transient and mild local reactions (redness, swelling and itching) may occur at the injection sites. Cetrotide is the first choice as it is latex free. Orgalutran contains latex which may cause allergic reaction in some patients.
Gonadotropins (Gonal-F, Puregon, Repronex, Luveris)	These are fertility hormone injections that are used to recruit, stimulate and grow multiple ovarian follicles. They are given by sub-cutaneous (SC) injection.	May cause headache, fatigue, breast tenderness, abdominal distension, bloating and increase the probability of multiple pregnancies. The most serious complication of gonadotropins is the possibility of ovarian hyper-stimulation syndrome (OHSS) (see below). Mild irritation and swelling possible at inject**ion sit**es.

Medications	Use	Side Effects
HCG (Ovidrel, HCG-PPC)	hCG is given in the final phase of ovarian stimulation treatment. This injectable medication causes final maturation of the eggs in IVF and ovulation in other treatments. It is given by sub-cutaneous (SC) injection.	May cause irritability and restlessness. It also has the same side effects as the gonadotropins. HCG can precipitate OHSS.
Estrogen (Estrace, Estradot)	Estrogen orally or by patch may be used to prime the lining of the uterus for implantation of an embryo, to sustain the uterine lining or prevent premature egg maturation	May cause nausea, dizziness, headache, acne and breast tenderness. Estrogen may increase the risks of thromboembolic problems (blood clots, strokes) and long-term use may increase the risk of breast cancer.
Progesterone (Progesterone in Oil, Crinone Prometrium, Endometrin)	Progesterone is used to support an implanted embryo during the early phases of pregnancy.	May cause irritability, fatigue, dizziness and mood swings. Vaginal progesterone may produce vaginal irritation and discharge similar to a yeast infection. Prometrium contains some peanut oil and progesterone in oil may contain sesame oil that may cause allergic reactions in some susceptible individuals.

Other Medications

Medications	Use	Side Effects
Oral Contraceptives (Birth Control Pills)	You may be prescribed the oral contraceptive pill (OCP) to be taken to regulate the cycle before initiating IVF.	There are some studies suggesting that taking the OCP the month prior to your IVF cycle will help with recruitment of follicles during your IVF cycle. Side effects are headache, nausea, breast tenderness, dizziness, moodiness. The OCP has been associated with an increased incidence of serious complications such as heart attack, thromboembolism (blood clot) and stroke. You should not take the OCP if you smoke and are over age 35, have liver problems, or have a history of blood clots or migraines with aura.
Antibiotics (Clavulin, Metronidazole, Doxycycline, Ancef, Clindamycin, Cefoxitin, Erythromycin)	The antibiotics are used to prevent infections of the uterus and fallopian tubes before, during or after fertility investigations or treatment.	The primary risk with antibiotic administration is an allergic reaction possibly severe-anaphylaxis. Alcohol should be avoided with Metronidazole. Infrequently, antibiotics may affect liver and kidney function or interact with other medications. Rare complications may include clostridium difficile: an infection of the bowels.
Insulin Sensitizing Agents (Metformin)	Metformin is used as an “off label” medication to treat insulin resistance in some women with polycystic ovary syndrome.	Metformin may cause gastrointestinal upset (nausea, diarrhea and vomiting); May cause metallic taste in your mouth. It can rarely cause lactic acidosis and should be used with caution in kidney or liver diseases. To date, it has not been shown to cause any congenital problems in babies, but this is being continually monitored.

Medications	Use	Side Effects
Anti-estrogen Agents (Clomiphene,Tamoxifen, Letrozole)	Clomiphene and Tamoxifen are indicated in the treatment of patients who do not ovulate. Letrozole is also effective when these drugs fail, but it can only be used after you have signed a medical waiver. All of these drugs help by regulating hormonal secretion and by triggering increased production of your own FSH and LH that result in ovulation. The tablets are usually taken for 5 days of each cycle.	It may cause hot flashes, breast tenderness, headache, dizziness and nausea. Occasionally, temporary visual disturbances and abdominal discomfort / pain may occur.
Dexamethasone 0.5mg (Decadron)	Helps to increase the pool of follicles available to respond to ovarian stimulation. Take the medications with an evening meal.	May cause stomach upset, headache, dizziness, moodiness and agitation. Taken with food or milk will prevent stomach upset.
Medroxyprogesterone (Oral) (Provera)	Induces menstruation in women who are not pregnant and have not ovulated.	May cause, nausea, bloating, headache, breast tenderness, moodiness.

Ovarian Hyper-Stimulation Syndrome (OHSS)

Ovarian hyper-stimulation syndrome (OHSS) is an exaggerated response to ovulation induction therapy used in assisted reproduction. It is usually associated with gonadotropin therapy (Puregon, Gonal-F, Menopur, Repronex, Luveris) and is only rarely observed with the use of Clomid/Serophene.

The incidence of moderate to severe OHSS is less than 1% at the Ottawa Fertility Centre.

Risk factors for developing OHSS:

- Young age
- Low body weight
- Polycystic ovarian syndrome (PCOS)
- High number of developing follicles
- Previous episode of OHSS

Symptoms of OHSS:

OHSS is a self-limiting disorder that usually resolves spontaneously within several days, but may last for a longer period of time, especially when pregnancy occurs. Mild symptoms of OHSS are relatively common and include:

- Occasional lower abdominal discomfort
- Mild nausea
- Vomiting
- Diarrhea
- Abdominal swelling

Onset of symptoms:

Symptoms typically occur soon after ovulation or after oocyte retrieval, but signs and symptoms may be delayed. Progression of illness is recognized when symptoms persist or worsen and may include:

- Rapid weight gain (more than 2 lbs per day)
- Respiratory difficulty (shortness of breath)
- Decreased urinary output (urinating less)
- Abdominal bloating and discomfort

Medical management of OHSS:

Management of mild OHSS can be done on an outpatient basis usually requiring oral analgesics (e.g. Tylenol) and counselling regarding the signs and symptoms of progressing illness. Patients will be assessed by the IVF physician on call at the clinic as required.

Monitoring signs and symptoms of OHSS

The physicians and nurses of the Ottawa Fertility Centre actively monitor symptoms of OHSS in our patients. Patients are asked to call the clinic daily to report on signs and symptoms. Recommendations for the outpatient management of persistent OHSS include:

- Oral fluid intake of no less than 3 litres per day; sports drinks, fruit juices and water
- Strenuous physical activity and intercourse should be avoided
- Limited activity is suggested but strict bed rest is not needed and may increase the risks of blood clot formation in legs and lungs
- Weight should be recorded daily

Culdocentesis

If necessary, patients may require an out-patient procedure called culdocentesis. In this procedure, the physician will drain vaginally the excess fluid from your abdomen - a procedure similar to that of an egg retrieval. Risks associated with a culdocentesis include:

- Allergic reaction to pain medicine or antibiotics
- Complications from insertion of culdocentesis needle such as:
    - Direct needle injury to blood vessel, bladder or bowel
    - Pelvic infection
- Intra-abdominal bleeding

Hospitalization

Hospitalization is relatively uncommon, but may be required based on the severity of symptoms, analgesic requirements and availability of support at home. There have been case reports of severe OHSS causing blood clots in the veins or lungs, stroke and rarely, death. Pregnant patients are at a higher risk of developing OHSS as the serum level of hCG may aggravate the condition. In an IVF cycle, it may be necessary to freeze all embryos and delay embryo transfer to a later cycle after symptoms have completely gone away. This approach should reduce the risk for developing severe OHSS. If this occurs, the freezing of embryos and later frozen/thawed embryo transfer will be recommended and will be at the patients' expense.

Egg Retrieval

The egg retrieval is a procedure in which a needle is inserted into the ovary to obtain the eggs - this is performed with ultrasound guidance. Women are given Versed (a Valium-like medication) and an intravenous narcotic (Fentanyl) to make the egg retrieval process as comfortable as possible. Women are also given an intravenous antibiotic prior to egg retrieval to reduce the risk of infection. Risks of egg retrieval include the following:

- Allergic reaction to pain medicine drugs or antibiotics
- Complications from insertion of egg retrieval needle such as:
  - Direct needle injury to blood vessel, bladder or bowel
  - Pelvic infection including infection of a fallopian tube or ovary after egg retrieval
- Intra-abdominal bleeding

LABORATORY PROCEDURES

In-vitro Fertilization (IVF) and Intra-Cytoplasmic Sperm Injection (ICSI)

IVF is a process by which the egg is placed in a dish with thousands of washed sperm and natural fertilization takes place. There is, however, a risk that natural fertilization does not take place. IVF allows the natural selection process of fertilization to occur and causes no damage to the egg.

ICSI is a process by which a single sperm is injected into an egg under direct vision using a high-powered microscope. It is ideal for men with extremely low sperm counts, abnormal morphology or decreased sperm motility. It can overcome some fertilization problems but does not guarantee that fertilization will occur. Disadvantages include a slightly higher chance of genetic abnormalities (refer to the Genetic Considerations section) and the potential for damage to eggs by the injection procedure.

Under most circumstances, approximately 70% of good eggs fertilize. However, the following risks exist:

- No fertilization due to poor quality sperm and/or eggs
- Abnormal fertilization of some or all of the eggs
- Bacterial contamination of the eggs - the bacteria may be from the semen, the vaginal secretions collected with the eggs, and rarely, from the laboratory products used to support the developing embryo
- Egg loss, due to some unforeseen event, such as equipment failure or loss during handling or manipulation

Embryo Culture

After fertilization, your embryos will develop in an IVF incubator in our laboratory for 2-5 days until they are transferred, frozen or discarded. During this “embryo culture” period, your embryos will receive specifically designed culture media to support their growth and development.

Risks associated with the embryo culture period include:

- Some or all of the embryos may develop abnormally or not at all
- Embryo loss, due to some unforeseen event, such as equipment failure or loss during handling or manipulation
- Bacterial contamination of the embryos for the same reasons as outlined above

Risks associated with culture media include:

- All culture media used for the eggs, embryos and sperm are purchased from reputable manufacturers who abide by all Canadian, U.S. and European practices of good manufacturing. Some of the media may contain small amounts of Human Albumin which is a blood protein.
- Human Albumin has been tested and found negative for HIV, Hepatitis B and C in accordance with current FDA/Health Canada regulations. However, all blood products carry a very low risk of being infectious.

Laser Assisted Hatching (AH)

Laser assisted hatching is a procedure in which a small hole is created in the shell of a developing day 3 embryo to allow easier hatching of the embryo once it has reached the blastocyst stage. It is rarely used. Possible risks of laser assisted hatching include:

- Potential for microorganisms to reach the embryo
- Potential damage to the embryo including loss of cells
- Potential for monozygotic (identical), and rarely, conjoined twins

Pre-Implantation Genetic Diagnostic/Screening (PGD/PGS):

PGD/PGS is a specialized procedure only recommended by physicians under certain circumstances. The information, risks and consent for this procedure are in a separate document.

EMBRYO TRANSFER

The day of your egg retrieval is counted as Day 0. Fertilization of your eggs is confirmed on Day 1 (the day after your retrieval). You will receive a phone call from a nurse confirming the number of fertilized eggs and the anticipated day of your transfer. An *embryo* transfer is typically performed on Day 3, and *blastocyst* transfer occurs on Day 5. Sometimes an embryologist and physician may decide to make your transfer on Day 2 or 4; these circumstances will be explained to you if you encounter this situation. Embryo/blastocyst transfer is a painless procedure not requiring any type of anesthesia, which consists in the placement of the embryo(s) into the uterus by means of a small plastic tube inserted through the cervix into the uterus. Patients are required to have a full bladder prior to transfer. Risks are few but include:

- Pelvic infection
- Multiple pregnancy
- Ectopic pregnancy - implantation of the transferred embryo(s) outside of the uterus (most commonly the fallopian tube)
- Failed catheterization and placement of your embryos. Although rare, difficult embryo transfers do occur. If a transfer is not possible, freezing of all embryos and subsequent re-evaluation of the patient would be necessary.

Blastocyst Transfer

Growing embryos in vitro to Day 5 (blastocyst stage) offers several theoretical advantages over the transfer of cleavage stage embryos (day 3). These include:

- Easier identification of those embryos with the highest chance of producing a pregnancy
- A decrease in the number of embryos transferred when identifying the best embryo
- Better synchronization between the embryo and the endometrium (lining)
- Higher pregnancy rate

Risks of agreeing to a blastocyst transfer include the following:

- Less than 1% chance that there will be no healthy embryo to transfer, despite the fact that there was at least one healthy embryo on day 4
- High multiple pregnancy rate if more than one blastocyst is transferred. Every effort should be made to perform single blastocyst transfer in good prognosis patients
- Fewer embryos to freeze at the blastocyst stage
- An increased risk of monozygotic (identical) twinning, which is a higher risk multiple pregnancy

BARRIERS TO A SUCCESSFUL PREGNANCY

In addition to advanced female age, patients may experience other potential barriers to a successful treatment cycle, including:

- Low or excessive response to fertility medications
- Unable to access ovaries for egg retrieval
- No eggs found at egg retrieval
- Eggs are found to be abnormal at time of egg retrieval
- Inability of the male partner to produce a semen sample or to give sperm sample of sufficient quality or quantity
- Failure of fertilization
- Abnormal embryo development
- Difficult or failed embryo transfer
- Failure of implantation
- Unforeseen events resulting in unfavourable laboratory conditions. These events may include hazardous or catastrophic weather, equipment malfunction or failure, infection of either partner, contamination of laboratory products or human error.
- Loss or damage to eggs or embryos

PREGNANCY AFTER ASSISTED REPRODUCTION TREATMENT

Spontaneously conceived pregnancies in untreated women with a history of infertility may be at increased risk for obstetrical complications and perinatal mortality when compared to women with no fertility issues. Similarly, even singleton pregnancies conceived with ovarian simulation, with or without intrauterine insemination or IVF/ICSI, are at increased risk of obstetrical complications such as high blood pressure, preterm birth, low birth weight and perinatal mortality.

Miscarriage

A spontaneous abortion can occur with any infertility treatment. The risk of miscarriage increases with advancing maternal age. IVF does not increase the risk of miscarriage. Most miscarriages are associated with lower abdominal cramping and bleeding, but do not necessarily require treatment. In some cases, complete removal of the pregnancy tissue must be accomplished by a surgical procedure called a dilatation and curettage (D&C).

Tubal (Ectopic) Pregnancy

An ectopic pregnancy may develop as a result of infertility treatment. The majority of ectopic pregnancies occur in the fallopian tube. If an ectopic pregnancy is diagnosed, you may require surgical treatment that may involve removal of the involved fallopian tube. Medical treatment with a drug called Methotrexate may be an option in selected cases.

Ovarian Torsion

In less than 1% of cases, a fluid filled cyst(s) in the ovary can cause the ovary to twist on itself. This can decrease the blood supply to the ovary and result in significant lower abdominal pain. Surgery may be required to untwist or possibly remove the ovary.

Genetic Considerations

Couples who suffer from infertility have a higher incidence of congenital birth defects and genetic abnormalities than couples who do not have infertility.

Chromosomal Abnormalities

For some men, their low sperm count may be due to conditions present since birth such as abnormal chromosomes (47 XXY or microdeletion of some genes in the Y chromosome) or gene mutations (cystic fibrosis). In these circumstances this may lead to an increased risk of problems associated with certain ART procedures. For example, male infants have been born to men with a microdeletion of the Y chromosome following ICSI. These boys have the same microdeletion as their father and may subsequently suffer from infertility.

Chromosomal testing and carrier status testing can be offered to appropriate couples according to the clinical situation, family history or the wishes of the patient(s).

Imprinting Disorders

There is a suggestion that rare genetic conditions may be associated with ART through an abnormal process of gene expression called imprinting. Imprinting disorders can cause rare conditions, examples of which are Beckwith-Wiedemann Syndrome, Angelman Syndrome, retinoblastoma and other childhood cancers. It is estimated that imprinting disorders occur in less than 1 in 1000 ART live births and further studies are needed to determine if there is any association between imprinting-related disorders and ART. Imprinting disorders may be due to the infertility problems of the couple.

Although every effort is made at the Ottawa Fertility Centre to ensure a healthy pregnancy, no guarantees can be made for a normal baby. Patients must understand, similar to any pregnancy, that there is a possibility of giving birth to a child or children with a congenital or genetic abnormality, but that possibility is higher in infertile persons and among those who receive fertility treatment.

Multiple Pregnancies

The chances of a multiple pregnancy are increased with the use of all fertility medications and reproductive procedures (such as super ovulation with IUI and IVF/ICSI). Complications of multiple pregnancies may include but are not limited to the following:

- Complications for the mother: pre-eclampsia (high blood pressure), gestational diabetes, placenta previa (abnormal position of the placenta), placental abruption (separation), post partum (after delivery) hemorrhage (excessive bleeding), operative deliveries (like a Caesarean Section) and post partum depression. There is also increased parental stress and decreased quality of life.

- Complications for the infants: increased risk of dying before, during or after delivery, fetal growth restriction (reduced growth in the fetus), pre-term birth (consequences may include cerebral bleeding – bleeding into the brain, retinopathy – damage to the eyes, bronchopulmonary dysplasia – severe breathing problems and necrotizing enterocolitis-bowel damage) and cognitive delays – delayed ability to do simple tasks. Following birth, multiples suffer from increased rates of learning difficulties and poor growth in infancy. In addition, blastocyst transfer increases the risk of monozygotic (identical) twining which is a higher risk type of twin pregnancy with even poorer outcomes than non-identical twins.

It is important to note that the risks to the babies due to multiple pregnancies far exceed the increased risk of genetic or congenital abnormalities outlined previously. Furthermore, this is not only true for triplet and higher-order multiples, but also for twins. At the Ottawa Fertility Centre, every effort is made to reduce the likelihood of multiple pregnancies by offering single embryo transfer when appropriate.

Our goal is to help you build your family – one healthy baby at a time.

The table below lists the **risks to the babies** of a twin pregnancy compared to a pregnancy with one baby (singleton).

Risks of Twins Compared to Risk of Singleton Pregnancies			
	Singletons	**Twins**	**Increased risk with twins**
Low birth weight less than 5.5 lbs	5.9 %	53.1 %	9 times ↑ risk
Very low birth weight less than 3.3 lbs	0.7 %	8.2 %	10 times ↑ risk
Prematurity less than 32 weeks	3.1 %	11.0 %	3-4 times ↑ risk
Prematurity less than 28 weeks	0.3 %	3.7 %	10 times ↑ risk
Still birth (death before birth)	0.4 %	1.4 %	3 times ↑ risk
Neonatal death (death in 1st month of life)	0.3 %	2.3 %	8 times ↑ risk
Infant death (death in 1st year of life)	0.9 %	4.9 %	5 times ↑ risk
Malformation rate	2.7 %	3.5 %	1.5 times ↑ risk
Severe handicap rate	2.0 %	3.4 %	1.5 times ↑ risk

The average length of pregnancy in a twin pregnancy is 36 weeks. Full term singleton pregnancies are 40 weeks. Since this is only an average, many twin pregnancies are delivered much earlier than 36 weeks. Because twins are often born prematurely, the risk to the long-term health of these infants is increased. This includes a 7 times increased risk of cerebral palsy. NICU (Intensive Care) hospital care is seen in more than 25% of twin and in more than 75% of triplet pregnancies. Twin pregnancies also pose a **greater risk for the mother** during the pregnancy as shown in the table below. Other risks include premature labor sometimes requiring prolonged bed rest during the pregnancy.

Maternal Risks in Twin Pregnancy	
Hypertension (high blood pressure)	2-3 x higher risk
Heavy bleeding after delivery	3-4.5 x higher risk
Cesarean section	3 x higher risk
Maternal death (rare even with twins)	2-3 x higher risk

CRYOPRESERVATION AND STORAGE OF EMBRYOS

Overview

Approximately thirty percent (30%) of patients will have extra, good quality embryos or blastocysts remaining after their fresh embryo transfer. Freezing extra embryos is a safe procedure that gives some couples the opportunity for another attempt for embryo transfer without the need of ovarian stimulation and egg retrieval. Freezing embryos, however, has some associated risks to it and may bring up an ethical dilemma for some patients as to how to deal with their frozen embryos in the future. Potential risks of freezing embryos include:

- Mechanical failure or other catastrophic event leading to loss of embryos
- Failure of embryos to survive freezing and thawing
- Psychological effects (dilemma of what to do with extra embryos)
- Theoretical risk of birth defects in the infant (similar to that of fresh embryos)
- Abnormal-appearing or poor quality embryos are not frozen

The Ottawa Fertility Centre uses a cryopreservation method called ***vitrification*** to preserve your extra embryos. Before vitrification, the embryos are placed in a solution that removes some of the water from their cells. The vitrification per se is a specialized freezing technique by which the embryos are cryopreserved using an ultra-rapid cooling technique, turning them into a glassy solid instead of ice, and by doing so avoiding ice-crystal formation which can be very detrimental to their survival. The embryos are then stored at very low temperature (-196°C). When they are warmed, the embryos are put in a series of different fluid solutions to reverse the dehydration and then they are examined to see if they are suitable for replacement into your uterus. Sometimes embryos will not survive the vitrification or warming.

Benefits and Risks

The benefit of choosing to freeze extra embryos is that, in the future, if you wish to have another embryo implanted, you may do so without the need for drug stimulation (if you ovulate regularly) or another egg retrieval, and the associated inconvenience, cost and risk. Since embryos are preserved, it is also advisable to replace fewer fresh embryos at one time, reducing the risk of a multiple pregnancy, though such a risk may still exist.

The probabilities of establishing an IVF pregnancy through freezing cannot be guaranteed and there are some risks. Approximately 12 percent (12%) of embryos do not survive the freeze/thaw cycle. It is possible that none of your embryos will survive the freezing process and if this is the case, we will not know this until the embryos have been thawed. Another major risk of transferring frozen/thawed embryos is their failure to implant and to result in a pregnancy.

The live birth rate per frozen embryo transferred into a woman's uterus has been determined to be approximately equal to the rate for a fresh (not previously frozen) embryo transfer. The risk of genetic defects is equal to fresh embryo transfer.

As with any technique requiring mechanical support systems, laboratory equipment failures can occur, as can unforeseen situations that result in the loss of embryos, despite the best efforts of the staff.

You also understand that the Ottawa Fertility Centre is not obliged to proceed with the transfer of any frozen embryos in the event that the Centre considers the risks associated with doing so outweigh its potential benefits.

Legal Issues affecting Choices

Legal principles and requirements around embryo freezing have not been firmly established.

Ownership of Embryos

Based on the currently accepted principles regarding legal ownership of human embryos, we have been advised that each embryo resulting from the fertilization of the woman's egg shall be considered the property of the person/couple for whom the embryos were created. It is the person/couple's responsibility to seek legal advice where legal ownership may be in question.

Disposition of Embryos

As the owner(s) of any and all such embryos, the consent of the woman (and her partner, if there is one) will be required concerning the disposition of any and all such embryos. Certain uses or disposition may also require approval by the Ottawa Fertility Centre.

We require that you specifically provide for disposition of any embryos that are not used for the purpose of attempting to initiate a pregnancy, in case of your death or incapacitation.

You should understand that you (and your partner, if there is one) retain the right to change your decision in this regard at any future time by providing the Ottawa Fertility Centre with written notice to this effect. Refer to the section below on Consent to Use Regulations and Withdraw of Consent.

The ultimate disposition of your marital status or other events interfering with fulfillment of your present intentions, are subject to applicable law and court decisions (such as a decree of dissolution) and affect the ownership or control of the embryos.

Annual renewal

You (meaning you and your partner, if there is one) understand that a renewal of your decision regarding disposition of stored embryos must be made annually. Every twelve (12) months from the date of freezing of your embryos, the Ottawa Fertility Centre will contact you by mail to renew your written instructions concerning disposition of your frozen embryos and the payment of annual storage charges. The Ottawa Fertility Centre will make reasonable attempts to contact you, but it is your responsibility to keep the Ottawa Fertility Centre informed of your current address and telephone number. If you do not reply, your embryos will be discarded unless direction for their use has been provided.

ASSISTED HUMAN REPRODUCTION ACT - SECTION 8 (CONSENT TO USE) REGULATIONS

The information provided in this section is an excerpt from the Assisted Human Reproduction Act Section 8 (Consent to use) Regulations - Guidance Document prepared by Assisted Human Reproduction Canada, 30 October 2007.

The Assisted Human Reproduction Act (AHR Act) seeks to protect the health and safety of Canadians using AHR technologies to help them build their families by regulating AHR activities and related research and prohibiting unacceptable activities such as human cloning. Section 8 of the AHR Act requires that written consent be obtained before using a person's reproductive material (sperm or eggs) to create an embryo or before using an *in vitro* embryo for any purpose. The Regulations also specify that the written consent to use be signed by the donor and attested to by a witness.

Definitions

Donor: In relation to reproductive material, "donor" means the individual from whose body the sperm or eggs were obtained, even if it is for the individual's own reproductive use. In relation to an *in vitro* embryo, "donor" means the individual or couple for whose reproductive use the *in vitro* embryo has been created, regardless of the source of the material used to create the embryos.

Common-law partner: The individual who, at the relevant times, is cohabiting with the donor in a conjugal relationship of at least one year prior to the relevant time.

Third party: In relation to reproductive material, "third party" means an individual or couple other than the donor of the reproductive material or the spouse/common-law partner of the donor. In relation to an *in vitro* embryo, "third party means an individual or couple (spouses or common-law partners) other than the individual or couple from whom the *in vitro* embryo has been created.

Reproductive material: Sperm or eggs obtained for the purpose of creating an embryo (including an *in vitro* embryo).

***In Vitro* embryo:** An embryo that exists outside the body of a human being.

When is consent to use needed?

A donor's consent to use is required before their sperm or eggs can be used to create an embryo, or before an *in vitro* embryo created for them can be used for any purpose, including:

- their own reproductive use;
- the reproductive use of a third party;
- creating an embryo for improving or providing instruction in assisted reproduction procedures, including laboratory and clinical procedures;
- the use of in vitro embryos for research purposes (in which case, the goal of the research project must be stated in the consent to use the embryos);
- the reproductive use of the donor's spouse or common-law partner following the donor's death.

The consent to the use of reproductive material or *in vitro* embryos would normally be provided before or at the time the reproductive material is first obtained or an *in vitro* embryo is to be created. However, such consent to use could be provided later, as long as it is given by the donor before the actual use. For example, an individual or couple for whose own reproductive use *in vitro* embryos were created (i.e., the donor(s)) could subsequently decide to donate excess frozen *in vitro* embryos not needed for their own reproductive use to a third party for the third party's reproductive use. In such case, although consent to use the *in vitro* embryos would have previously been provided by the donor(s) for their own reproductive use, consent to the use of the excess *in vitro* embryos for a third party's reproductive use could be given by the donor(s) before or after the *in vitro* embryos were created provided such consent is given by the donor(s) prior to the embryos being used for the third party's reproductive use.

The consent to use the reproductive material or *in vitro* embryos for the purpose(s) stated need only be obtained once. There is no need for a new section 8 consent to use prior to each donation or use at a clinic, physician's office, or other facility. For example, if a donor has given written consent to the use of his sperm for his own reproductive use, provided such consent has not been withdrawn, subsequent donations or use of his sperm for his own reproductive use does not require a new consent to use.

Who must provide consent to use?

It is the donor who must provide consent to use under section 8. In the case of consent to use reproductive material to create an embryo, consent is needed from the person whose body the material was obtained, even if it is for the individual's own reproductive use. In the case of consent to use an *in vitro* embryo for any purpose, consent is needed from the individual or couple for whom the *in vitro* embryo has been created, regardless of the source of the material used to create the embryo .If sperm or eggs are donated by an individual and used to create *in vitro* embryos for the reproductive use of another individual, and there are embryos in excess of the other individual's reproductive needs, the other individual for whom the *in vitro* embryos were created becomes the donor in respect of those excess embryos and their consent to use is required for use of the excess embryos. If they consent to any of the excess embryos being used to provide instruction in AHR, improving AHR procedures or other research, the individual who provided the sperm or eggs to create the *in vitro* embryo (i.e., the donor of the reproductive material) must also have provided consent for such use.

There may be circumstances where an individual may wish to give their consent to the use of their reproductive material after their death. If such sperm or eggs are used to create an *in vitro* embryo for the reproductive use of an individual who, at the time of the death, is the deceased's spouse or common-law partner, then the use of any excess embryos requires the consent to use of the surviving spouse or partner. If the surviving spouse or partner consents to the excess embryos being used to provide instruction in AHR, improving AHR procedures or other research, then the deceased must also have provided consent for such use(s) prior to death.

In situations involving the creation and use of *in vitro* embryos by married couples or common-law partners for their own reproductive use, there must be compatible consent to use from both spouses or partners for the use of those embryos, regardless of the source of the reproductive material used to create the embryos. However, should the couple separate or divorce prior to the use of the *in vitro* embryo and the *in vitro* embryo was created from reproductive material of only one of the individuals in the couple, only that individual needs to have consented to the use being made of the embryo.

Who must obtain the consent to use?

Anyone intending to use sperm or eggs for the purpose of creating an embryo and/or using *in vitro* embryos for any purpose must ensure they have the necessary written consent to use the material or embryo before using it. This includes AHR clinics, physicians and others that:

- provide AHR procedures, such as intrauterine insemination (including with husband's/common-law partner's or other known sperm);
- provide AHR services, such as *in vitro* fertilization, (including creating an *in vitro* embryo with a couple's own reproductive material);
- remove sperm or eggs after a person's death for the reproductive use of the deceased's spouse or common-law partner;
- use sperm or eggs to create an embryo for improving AHR procedures or providing instruction in AHR procedures;
- use *in vitro* embryos for any purpose, including research.

It does not matter who actually obtains the consent to use or where the consent to use document is signed and witnessed (for example, at home, a lawyer's office, the location where the donation was originally made or the clinic or physician that will actually be using the reproductive material or *in vitro* embryo), however, the person using the material to create an embryo or using an *in vitro* embryo for any purpose must have received the consent to use prior to the actual use.

What are the requirements for withdrawing consent to use?

- the withdrawal must be in writing;
- the written withdrawal must be provided to the person (i.e. the clinic, physician or researcher) who will be using the reproductive material or *in vitro* embryo. In most cases, donors will submit the written withdrawal to the clinic, physician or researcher where the donation was made, however, such withdrawal does not become effective until such time as it is received by the person intending to use the reproductive material;
- in the case of consent to use reproductive material to create an embryo for one's own reproductive use or that of their spouse or common-law partner, improving AHR procedures or providing instruction in AHR procedures, or to the use of an *in vitro* embryo for the donor's own reproductive use, notice of withdrawal must be provided before the use of the material or *in vitro* embryo;
- in the case of consent to use reproductive material or an *in vitro* embryo for the reproductive use of a third party, notice of withdrawal must be provided <u>before</u> the third party has acknowledged in writing that the material or embryo has been designated for their reproductive use;
- in the case of consent to use an *in vitro* embryo for improving AHR procedures, providing instruction in AHR procedures or research, the withdrawal must be made <u>before</u> the later of: the person conducting the activity has acknowledged in writing the designation of the *in vitro* embryo for that activity or the person conducting the activity has begun the thawing of the *in vitro* embryo for that activity.

If the donor of an in vitro embryo is a married couple or common-law partners, the consent to use must be compatible and consent to use may be withdrawn by either spouse or common-law partner, regardless of the source of the reproductive material used to create the embryo, in accordance with the requirements noted above. However, if the in vitro embryo was created from reproductive material of only one of the individuals in the couple, should the couple separate or divorce, then only that individual is entitled to withdraw the consent to use.

GENERAL CONSIDERATIONS

Given that you decide to voluntarily participate in the In Vitro Fertilization Program you are still free to withdraw your consent and to discontinue participation at any time without prejudice. However, if pregnancy occurs, follow-up by the OFC is important and will continue from time to time throughout the pregnancy unless you notify the OFC of your objections to the follow-up. Knowing the outcomes of fertility treatment, and any related pregnancy and birth, enable the OFC to make informed practice decisions based on actual outcomes. The OFC is able to better serve you and other patients in terms of what services to provide and how to improve those services. The information may also be used for teaching, research and publication in professional journals. In all those situations, names or other identifying information will not be disclosed.

The references in this document to the Ottawa Fertility Centre shall include such additional qualified physicians or scientists as are added to or assume responsibility for its activities from time to time and any assignee or his/her successor at the Ottawa Fertility Centre.

Guide to *Your* In Vitro Fertilization (IVF) Cycle

Ce guide est aussi disponible en francaise

Introduction

This guide is intended to help you along the way and to ensure you have the right information at the right time. Nurses and physicians are available to talk with you regularly during your treatment and will provide additional instructions as needed. Here is some basic information for you during your treatment at the Ottawa Fertility Centre.

Key Numbers to Remember	Phone/Ext
General Number for OFC	(613) 686-3378
Report Day 1 to start treatment, pay fees, treatment billing enquiries	Ext. 201
Treatment follow-up appointment scheduling/changes	Ext. 208
IVF Team Nurses (available Monday through Friday)	Dr. Vause & Dr. Shmorgun Ext. 108 Dr. Haebe & Dr. Jackson Ext. 105 Dr. Kotarba & Dr. Gale Ext. 107 Dr. Magee IVF Scheduling Ext 614, In-treatment Ext 617
IVF Clinic Nurses (during weekends)	Ext. 617
Medical Emergencies (7:30am – 3:00pm)	613 686-3378 Main Menu Option '0'
Medical Emergencies (after hours) Ask for the IVF physician on call or go to the emergency department of the nearest hospital.	613 722-7000
Clinical Director (Danielle Dubois, RN)	Ext. 613
Health Psychologist (Dr Pat Gervaize)	Ext. 315
Green Valley Pharmacy	(613) 688 - 5069

Other Resources

Website: www.conceive.ca

Online forum: www.ofcconnect.ca

Fertility Matters Support Group: Ottawa.infertility.liason@gmail.com

Hours of Operation	Weekdays	Weekends
IVF Clinic	7:00 – 3:30	By appointment only
Pharmacy	7:30 – 3:00	8:30 – 11:30

Like you, we celebrate the joy of children. However out of respect for the sensitivity of those attending our centre as well as for safety reasons, we kindly ask that you make childcare arrangements when attending appointments at the Centre.

OTTAWA FERTILITY CENTRE
Finding Answers. Offering Hope.

955 Green Valley Crescent, Ottawa, Ontario K2C 3V4
Tel. 613-686-3378 | Fax. 613-225-9736 | www.conceive.ca

IVF Pre-Consent Video

We have developed an online IVF Pre-Consent video to help you understand the IVF process including both the benefits and risks associated with treatment. It's important to understand the IVF before proceeding with treatment or putting your name on the Ontario Funded IVF waiting list. You will receive a separate instruction sheet from your OFC doctor's office on how to access the videos. There will be a quiz that you must complete and submit to OFC after watching the video. Please bring all of your questions to your consent signing appointment.

Funded IVF

The Ministry of Health and Long Term Care (MOHLTC) Funded IVF is available to all residents of Ontario but limited to one funded cycle per patient. You must have a valid OHIP card and be under the age of 43yrs. Due to the limited number of funded IVF cycles available each year, there is a waiting list to access this program. Ask your doctor's office for more information or on how to put your name onto the waiting list. Since only a specific number of patients can go through the funded IVF program in a given time period, you may elect not to wait and thus pay for your treatment cycle. If you undergo paid IVF treatment you will maintain your place on the funded IVF waiting list at the same time.

Booking appointment with your physician to sign consent for your IVF treatment

You (and any partner) must **read the handouts** and **watch the consent video** given to you by your physician **prior to attending the consent visit**. During the consent visit, you may meet either your doctor or a nurse. You will be advised regarding your treatment plan as well as any adverse effects or risks of treatment. Please review all of the following materials **before you sign consents**:

- ❑Ontario Fertility Program Patient Information Handout
- ❑Informed Consent Booklet for In-Vitro Fertilization – Adverse Events and Risks
- ❑IVF Waiting Time Patient Handout
- ❑IVF Consent video
- ❑Fee Guide

Wait for your IVF Team Nurse to contact you

Once you have signed your consents, an IVF Team Nurse will contact you and become your main point of contact for your IVF treatment. She will guide you through the start of your IVF cycle, monitoring and follow-up care. You will receive a call from your nurse within 2 to 4 weeks after you sign consents, unless we are still awaiting test results. If you do not hear from a nurse, please contact your doctor's office. The IVF Nurse will explain everything you need to know in order to start treatment. She will:

- ❑ Confirm when you would like to proceed with treatment
- ❑ Confirm your travel history to ensure no risk of travel-related illnesses (ie: such as Zika)
- ❑ Pre-book your IVF cycle
- ❑ Send you a link to the **online IVF education session**
- ❑ Book an appointment for an in-person nurse scheduling visit where you will learn about your IVF schedule and receive injection teaching. Your IVF scheduling visit may occur before your 'Day 1' or after. Your IVF nurse will make this arrangement for you.

Watch the online IVF Education Session

When you are ready to start treatment, your IVF nurse will send you an e-mail with a link to view the IVF education program. The e-mail will include instructions on how to access the education program and will include the name of the treatment protocol that you will be following. There are four protocols:

(1) Antagonist **(3) Patch**
(2) Agonist **(4) Microdose Flare**

If you have questions about your protocol please call your IVF Team nurse. We have developed this education program so that you can view in the convenience and comfort of your own home. You may review the information as many times as you feel necessary.

Call the clinic with your next 'Day 1' to arrange payment and start your IVF cycle

Now that you have reviewed the online IVF education session and arranged a date for your scheduling visit, you may call the clinic on 'Day 1' of your next menstrual cycle (or as instructed by the IVF Nurse). You will be asked to pay the remainder of the fees owing before your treatment can start (if applicable). Please see the fee brochure for more information. Your IVF Nurse will then call you within 24hrs to begin your treatment.

❑ To report your 'Day 1', call 613 686-3378 Ext 201. *For any reason, if you have not received a return call within 24hrs, please call again.*

Attend a Scheduling Visit

Your scheduling visit date will depend on the protocol your physician has chosen for you. During this visit the nurse will provide you with your personalized treatment schedule. As well, the nurse will review injection teaching and medications to be taken during your cycle. If you are a repeat IVF patient or performing outside monitoring, please discuss your individual needs with your IVF Team Nurse.

Before this appointment, you must have:

❑Completed the online IVF education session

❑Reviewed the online injection videos for your medications (if available)

❑Confirmed your ability to start treatment within one month of attending the session

❑Confirmed whether or not you will be picking up medications at this visit or waiting until another date pre-determined with the IVF Nurse

Start Daily Injections and Monitoring

Once you start daily injections, the doctor will begin to monitor your treatment cycle. OFC doctors work as a team. The scheduled IVF doctor will be reviewing your treatment results at your appointments and performing the IVF procedures. You may meet many members of our team, however please be assured that your own doctor is still reviewing your results and involved in your care. You will be scheduled for regular vaginal follicle tracking ultrasound examinations over the next two weeks during which time your IVF nurse will be in regular contact with you. You may also require some bloodwork. We recommend that you record appointment dates and times on your treatment schedule provided to you during your scheduling visit.

Each monitoring visit will be booked by the nurse to take place Mon-Fri between 7:00am and 9:30am, and on weekends/holidays between 730am-930am. We recommend that you eat breakfast first.

We are a learning organization and as such we have medical learners (such as residents or fellows) present for most patient activities.

How to communicate with the Clinic during your treatment cycle

Many people are involved in your care so it is important that we make it easy to communicate with the clinic. Here are some guidelines:

- ❑Call extension 201 with your 'Day 1' will ensure a return call is received within 24hrs.
- ❑Call your designated IVF Team Nurse (extensions found on 1st page of this guide) Monday through Friday.
- ❑On weekends/stats, call ext. 617 to reach a nurse during your IVF treatment for any calls of an urgent matter.
- ❑At each appointment, leave a contact number at the main reception desk. An IVF nurse will always contact you after "bloodwork only" appointments and only if there is a change to your plan after ultrasound appointments.
- ❑Fertilization rate phone calls are made within a couple days **after the** egg retrieval by your IVF nurse. Be sure to be available for this phone call and discuss any medical concerns post procedure.
- ❑If you have any medical questions unrelated to your IVF treatment, please call your OFC doctor's office directly.
- ❑Your pregnancy test will be booked approximately 17 days after egg retrieval. It's important to arrive between 7-9:30am for same day results. Your IVF nurse will call you by 3:30pm with your results.
- ❑Six weeks after your embryo transfer, you will be booked a follow-up appointment with your doctor. If you have questions before that time, please call your IVF Team Nurse.
- ❑If your cycle is unsuccessful, you cannot start another treatment cycle until you meet with your physician in follow-up.
- ❑If your cycle is successful, we will coordinate your doctor's appointment with an early pregnancy ultrasound.

Fees

A complete fee brochure is available. All fees are paid when you call with your 'Day 1' to start treatment Refunds are processed by the 8th of the month after treatment and are made using the same method of payment. Any fee related questions can be directed to our Clinic Services Administrator at: billing@conceive.ca

Please ensure you understand all applicable or potential fees associated with your treatment plan. Medications are always separate from any OFC fees and it is encouraged you check with either your pharmacy or the on-site Green Valley Pharmacy regarding your insurance coverage prior to starting your treatment.

If you are an Ontario resident with a valid OHIP card you may be eligible for funded IVF services under the MOHLTC Funded IVF Program; however, there are specific eligibility criteria, a waiting list and a separate consent form. If your partner does not have a valid OHIP card some fees may still apply.

Remember...

Your IVF cycle can be stressful. Here are some resources to help you along the way:

- ❑ Dr Patricia Gervaize, an independent reproductive health psychologist who works at the Centre. Call ext 315.
- ❑ Fertility Matters Support Group at Ottawa.infertility.liason@gmail.com held at Ottawa Fertility Centre
- ❑ OFC Web Site at www.conceive.ca or our online forum at www.ofcconnect.ca
- ❑ Fertility Matters – Canada's fertility resource www.fertilitymatters.ca
- ❑ Resource providing current, professional, & reliable information about fertility: www.myfertilitychoices.com
- ❑ Single Mothers by Choice: https://groups.yahoo.com/neo/groups/SMC-Ottawa/info
- ❑ LGBT2SQ Parenting Network: http://lgbtqpn.ca/
- ❑ Canadian Fertility & Andrology Society: https://cfas.ca/

Feedback

Let us know how we are doing. Feel free to talk with one of the physicians or nurses if you have questions or concerns. You can also contact Danielle Dubois, Clinical Director at ext 613 (ddubois@conceive.ca); or Tim Skelly, Business Director at ext 210 (tskelly@conceive.ca)

Medication and DIN Number List

Name of Medication	Strength	DIN Number
Cetrotide	0.25mg/set	02247766
Crinone	8% Vag. Gel	02241013
Dexamethasone = Decadron	0.5mg Tablet	01964976
Dostinex	0.5mg Tablet	02242471
Endometrin	100mg Vaginal Tablets	02334992
Estradot	100mcg Patches	02244002
Folic Acid (Jamp)	5mg Tablets	02366061
Gonal F 300 U	300 Unit Pen	02270404
Gonal F 450 U	450 Units Pen	02270390
Gonal F 75 U	75 Units Vial	02248154
Gonal F 900 U Pen	900 Units Pen	02270382
HCG - PPC	10000U/set	02247459
Letrozole (Femara)	2.5mg Tablets	02373009
Lupin-Estradiol = Estrace	1 mg Tablets	02449064
Lupin-Estradiol = Estrace	2 mg Tablets	02449056
Lupron 14 Day Kit	5mg/mL	00727695
Lupron Depot	3.75mg Syringe	00884502
Lutrepulse	0.8mg	02046210
Luveris	75 units/ set	02269066
Marvelon 21 Tablets	N/A	02042487
Medroxyprogesterone = Provera	10mg Tablets	02277298
Menopur	75 units/ set	02283093
Metformin (Jamp)	500mg Tablet	02380196
Methotrexate (Sandoz)	25mg/mL vial	02182777
Metronidazole = Flagyl	500mg Capsules	02248562
Misoprostol (APX)	200mcg Tablets	02244023
Orgalutran	250mcg/0.5mL Prefilled syringe	02245641
Ovidrel	250mcg/ 0.5mL Pen	02371588
Progesterone in Oil	50mg/mL	02446820
Prometrium	100mg Capsule	02166704
Puregon	300U/0.36 Cartridge	02243948
Repronex	75U/ set	02247790
Serophene	50mg Tablets	00893722
Suprefact 5.5mL vial	1mg/mL	02225166
Tamoxifen (Tev)	20mg Tablets	00851973

Pharmacy services by appointment only. If you have any questions, please do not hesitate to call us.
613-688-5069.
gvpharmacy.com

OTTAWA FERTILITY CENTRE
CENTRE DE FERTILITÉ D'OTTAWA

In-Vitro Fertilization (IVF) Wait times

MOH Funded Fertility Program

The Ministry of Health & Long Term Care (MOHLTC) Funded Fertility Program at the Ottawa Fertility Centre (OFC) has been running since December 2015. As an IVF patient, here is some important information to review and understand:

1) The waiting time for Funded IVF at OFC is approximately 1 year (+/-3 months). Waiting time variances are due to many unpredictable reasons such as patients becoming pregnant while waiting or choosing to delay treatment once their name has come up. We cannot be more precise in predicting your potential treatment timelines, however we will contact you approximately 3 months prior to treatment for preparation.
2) When your name comes up on the Funded IVF waiting list, you cannot hold this spot indefinitely. For proper cycle planning, patients are required to be prepared for receiving their IVF treatment when the nurse calls for scheduling. If you are unable to begin your treatment within 2 cycles you will be placed at the bottom of the funded waiting list.
3) The Funded Fertility Program has a limited amount of budget per fiscal year (April 1 to March 31st). To ensure OFC uses all of the budget per year, we aim to finish the budget before March 31st; therefore there may be longer wait times when the budget is completed for the year.
4) You should receive a call from the Scheduling Nurse within 4 weeks of your IVF orders being completed by your physician. Ask your physician's office if your orders are ready when you are in for IVF Consent signing. If you do not hear from us, call your physicians IVF Team Nurse.
5) It's important to know that due to College of Physicians & Surgeons of Ontario Out of Hospital safety policies, we cannot perform egg or sperm retrievals with conscious sedation on any person with a BMI >40. Please discuss with your OFC physician if your BMI is >40.

Patient Paid IVF Treatment Cycles

We are able to continue offering patient paid IVF cycles with minimal wait times. Patient requests for treatment vary month to month, thus sometimes we may have no wait times and other times we may have a couple months' wait.

1) At OFC we have weekly IVF volume restrictions in place to ensure laboratory quality and safety of your embryos. We will do our best to accommodate your desired month of treatment, however this is never a guarantee due to the unpredictable nature of monthly cycles and the IVF process.
2) You should receive a phone call from your physician's IVF Team Nurse within 2-3 weeks of your IVF orders being completed by your physician. To better understand your waiting times, be sure to ask your physician's office if your IVF orders are ready at the time of IVF Consent signing. If you do not hear from a nurse by 3 weeks, please call your physician's office.
3) It's important to know that due to College of Physicians & Surgeons of Ontario Out of Hospital safety policies, we cannot perform egg or sperm retrievals with conscious sedation on any person with a BMI >40. Please discuss with your OFC physician if your BMI is >40

Frozen Embryo Transfer (FET) Cycles

Both funded and patient paid FET cycles will experience the same wait times for the receipt of their treatment. Wait times are due to limited laboratory volumes for safety reasons. Once your FET orders are completed by your physician, the wait times can be between 1- 3 months.

If you are planning your first FET in the Funded Fertility Program, you may experience an extra delay due to the budget limitations over a fiscal year (April 1st to March 31st). For example, if you are ready for your FET in February or March, you may be advised that you need to wait until April when the new budget is available.