

COVID-19 INFORMATION AND CONSENT

Patient Name: _____

Partner Name: _____

During a nationwide infectious disease outbreak, it is especially important to consider your decision to seek and continue your fertility treatment. The following information is intended to help you and your partner, if applicable, make good decisions about your reproductive health, and the health and well-being of any potential child. In order to move forward with fertility diagnosis and treatment at The Reproductive Medicine Group, please read and acknowledge your understanding of the following information.

DESCRIPTION AND EXPLANATION OF COVID-19

Coronaviruses (CoV) are a large group of viruses that cause diseases in both animals and humans. In humans, coronaviruses cause mild respiratory tract infections that are similar to the flu or common cold. Certain coronaviruses can be lethal, such as SARS, MERS and **COVID-19**. COVID-19 (or the novel CoV that was first identified in December 2019) is of recent concern due to the pneumonia outbreak this virus caused in Wuhan, China, and the resulting pandemic which has injured so many in the United States and elsewhere.

The symptoms associated with this virus including fever, cough, sore throat, shortness of breath and breathing difficulties. Symptoms traditionally occur 2-14 days after exposure. In some people, symptoms may not occur at all, or be very mild. Symptoms may be more severe in people who are immunocompromised, or who have underlying illnesses such as diabetes, asthma and other respiratory illness, hypertension or cardiac disease. These individuals may be at greater risk. People with mild cases generally recover within a few days; however, in more severe cases recovery may require intensive hospitalization over weeks to months, or death may occur.

The COVID-19 is spread through person-to-person transmission, and occurs much like other respiratory viruses, mainly via respiratory droplets produced when an infected person coughs or sneezes. It is important to be aware that many cases of COVID-19 infection are caused by being in close contact with a person who is asymptomatic (meaning, they have no symptoms). Another mode of transmission is through contact with contaminated surfaces or objects, followed by touching the mouth, nose, or eyes. According to the World Health Organization (WHO), coronaviruses may survive on surfaces for as little as a few hours to as much as a few days. Currently, there is no vaccine for the COVID-19.

There is no specific treatment for COVID-19, and there is no evidence that antivirals or supplements are beneficial. Treatment generally consists of supportive care for respiratory symptoms, and other compromised body systems, if needed. This information on the disease led to the WHO and Centers for Disease Control (CDC) recommendations for stay-at-home orders which have been implemented in many geographic areas to help slow transmission of the disease. In some geographic areas, the number of COVID-19 cases are still rising which may also impact the availability of appropriate care and recovery rates.

It is important to note that COVID-19 will not be easily eradicated or controlled. The virus will continue to be a safety consideration for a long time as the world, and fertility centers, gradually return to established routines. Staying up to date is essential because there is so much about this disease that is unknown. As more information is learned about COVID-19, guidelines and regulations will change and approaches to fertility treatment may be impacted.

INFORMATION ON THE IMPACT OF COVID-19 ON PREGNANCY

At this time, there is no definitive data on the impact of the COVID-19 on fertility, pregnancy, childbirth or transmission of disease to newborns. We simply do not know and cannot verify that there is no impact or any specific impact on pregnancy, fetuses or neonates.

- **There is currently no scientific evidence showing that COVID-19 is transmitted to or carried by oocytes (eggs) or sperm.**
- **There is very little research on a pregnant woman's susceptibility to catching COVID-19.** This means that no one can be certain if pregnant women are more likely to contract COVID-19 compared to a non-pregnant adult. In past pandemics, pregnant women found to be at greater risk for infectious processes (due to the physiologic and immunologic changes of pregnancy) which may pose risks including miscarriage, stillbirth, and preterm birth.
- **There is little research (and no verified data) on pregnancy and COVID-19.** The few studies available are limited to the impact of COVID-19 on women in the second or third trimester of pregnancy. *There is no information on how COVID-19 affects women and unborn children in the first trimester of pregnancy.* Further, there may not be any significant data on pregnancy and COVID-19 in the near future as all information takes time to collect and evaluate. There is no current approved treatment (medication) for COVID-19, and if a pregnant woman gets COVID-19, the current medication used to provide compassionate care to patients afflicted with COVID-19 is *contraindicated* for use in pregnancy.
- **There is very little information on the transmission of COVID-19 to fetuses.** The small amount of data reported out of Wuhan, China and New York does not show any definitive evidence of intrauterine fetal infections with COVID-19; therefore, it is believed that the risk of transmission of COVID-19 to a fetus in utero is low or non-existent. Reported cases (3) of infected newborns have fortunately had good recoveries, although how they were infected is still not clear. However, an infected mother can transmit the virus to her infant after birth through respiratory droplets. While breast feeding is still possible; masks and hand hygiene are essential. Some hospitals are restricting partners at deliveries and (except for breastfeeding) using social distancing between mothers and newborns is advocated in some areas. Even greater restrictions may apply if the mother becomes infected.
- **Professional organizations recommend that patients do not try to get pregnant during the COVID-19 outbreak.** The American Society for Reproductive Medicine (ASRM) and the European Society of Human Reproduction and Embryology (ESHRE), to name two, are taking an abundantly cautious approach and, therefore, advise that all fertility patients considering or planning treatment, even if they do not meet the diagnostic criteria for Covid-19 infection, should avoid becoming pregnant at this time. For those patients already having treatment, the organizations suggest considering deferred pregnancy with oocyte or embryo freezing for later embryo transfer.

AGREEMENT AND CONSENT TO TREATMENT

I/We understand that by signing this consent I/we knowingly and voluntarily, and with the full understanding of the unknown consequences related to COVID-19 infections, wish to continue our fertility treatment / assisted reproductive technology (ART) cycle during the current COVID-19 outbreak and its aftermath.

I/We agree and acknowledge that I/we 1) made this decision to continue with my/our ART cycle freely and voluntarily; 2) that I/we were given alternatives to continuing this treatment / ART cycle and the opportunity to discuss my/our treatment and questions with the treating physician; and 3) neither the treating physician, The Reproductive Medicine Group, or its affiliates and staff directly or indirectly influenced my/our decision to continue treatment at this time.

I/We are aware and accept that I/we may be exposed to COVID-19 at any time during treatment, either while pursuing diagnostic testing/treatment at our clinic locations, or otherwise at home or in public, regardless of any safety measures that are in place. It is our sole responsibility to inform my/our treating physician if one or both of us is directly exposed to COVID-19, are diagnosed with COVID-19, or display symptoms which could possibly be from COVID-19 (even in the

absence of a positive COVID-19 test). If this situation occurs, I/we agree that any service/treatment cycle will be immediately cancelled,

I/We further understand and agree that there is no guarantee that, even though we are planning fertility treatment and/or an ART cycle, that the treatment/cycle will occur at this time, or that the treatment cycle will continue to completion. If my treatment is stopped for any of the reasons noted in this document, I understand that I will still be responsible for paying for the services that have been provided to me and any monies I may have paid to date, including the cost of medication, will not be reimbursed to me.

By requesting to continue treatment, I/We specifically accept the following:

- Information on COVID-19 is still evolving and I/we understand that 1) federal, state or local authorities may restrict business activities, including fertility treatment and medical procedures such as ART procedures, 2) professional guidelines may advise against such medical interventions, or 3) our treating physician, using his or her best medical judgement, may determine that it is not safe to proceed. I/We understand that if any of these situations occur, treatment will stop, and I/we will be given further instructions for fertility care.
- One or both of us may be exposed to or contract the COVID-19 virus, or symptoms or contact with COVID-19 may be identified by The Reproductive Medicine Group staff during its screening processes for exposure to COVID-19. If this is identified, (even in the absence of a positive COVID-19 test), all treatment stops. I/we further understand that it is my/our obligation to inform The Reproductive Medicine Group if one or both of us are not feeling well, have a fever, cough, sore throat or shortness of breath or any other symptoms associated with COVID-19, or if I/we have reason to believe that I/we have been exposed to COVID-19. I/we understand that should any of the foregoing apply, The Reproductive Medicine Group may elect to reschedule appointments, visits or any current/planned service to a later date depending on the clinical circumstance.
- At the present time, the availability of testing is limited and not 100% accurate. PCR tests have varying levels of false negatives, and positive antibody tests may not result in immunity from COVID-19. I/We understand that if I/we demonstrate symptoms, treatment will be canceled even if I/we have been tested. Options for testing before treatment/cycle starts may become more accessible and reliable in the future.
- The Reproductive Medicine Group may not be able to support treatment cycles as a result of staffing, equipment and/or supply shortages, infection risk, or government mandate.
- In order to protect all personnel and patients from transmission of COVID-19, to the extent possible, The Reproductive Medicine Group may initiate and maintain additional strict policies and procedures, that will govern how, when and where diagnostic testing / treatment is provided, which may require the use of alternate personnel, equipment and locations. These policies and procedures are required for safety reasons and will not be negotiable for individual scheduling and convenience. The use of additional policies related to COVID-19 will not, in any manner, negate any other clinic policies that may also be in place or initiated.
- The Reproductive Medicine Group is taking extra precautions to limit the chance of spreading COVID-19 including prescreening for fever and social distancing practices during my treatment. I/we agree to comply with these efforts and understand the my/our failure to do so may result in the cancellation of my appointment. I acknowledge that despite these efforts it is still possible that I/we could become infected with COVID-19 during my/our travel to and from The Reproductive Medicine Group or while in one of its facilities.
- Prior and during treatment, I/we will continue to practice preventative measures, i.e. physical distancing, handwashing, use of personal protective equipment (PPE – i.e. masks and gloves, hand sanitizer) and all current CDC recommendations to reduce the risks of infection. I/we agree to wear a mask, either fabric or medical and sanitize my hands upon arriving to The Reproductive Medicine Group.
- There may be risks associated with contracting COVID-19 during pregnancy. Although there is no current evidence of maternal-fetal transmission of COVID-19, data is limited; however, prior data with other illness support that a febrile illness of any kind in pregnancy may pose risks including miscarriage, stillbirth, and preterm birth. Further, the impact of the medications use to treat COVID-19 have not been studied in pregnancy.

Patient Initials: _____

Partner Initials: _____

Account #: _____

I/We agree that, considering the limited and changing information available on COVID-19, The Reproductive Medicine Group has made every effort to inform us of the impact of COVID-19 on reproductive medicine and fertility treatment. I/We agree to release and hold harmless, the Reproductive Medicine Group, its trustees, directors, officers, shareholders, employees, agents, affiliates, management companies and representatives for any and all damages, expenses, liabilities, causes of action, suits and claims (“liabilities”) caused by or arising from proceeding with our chosen method of fertility treatment, including any liabilities relating to the pregnancy, birth and resulting children and/or any emotional injury or financial cost, arising from our decision to continue treatment while COVID-19 remains a serious public threat.

By my/our signatures, below I/We confirm that I/we have read the above, information on COVID-19, have had an opportunity to discuss this information and our treatment plan with the treating physician, and agree to continue fertility treatment, including ART (if indicated) at this time.

Date Signature of Female Patient Patient’s Name (please print)

Date Signature of Partner (if applicable) Partner’s Name (please print)

IF SIGNED IN THE OFFICE:

As a staff member of The Reproductive Medicine Group, by my signature, I indicate that the foregoing consent was signed in my presence.

Date Signature of Witness Witness’s Name (please print)

IF SIGNED OUT OF THE OFFICE:

Date Signature of Female Patient Patient’s Name (please print)

Date Signature of Partner (if applicable) Partner’s Name (please print)

Notary Public

The foregoing instrument was acknowledged before me by means of physical presence OR online notarization this _____ day of _____, _____ by _____.

Personally known OR Produced identification : _____

Date Signature of Notary Public Notary Public Name (please print)

Notary Stamp: