INFORMATION AND CONSENT FORM OF THE COUPLE THAT ART WILL BE APPLIED

	FEMALE	**MALE**
NAME SURNAME		
DATE OF BIRTH		
T.R. IDENTITY NUMBER		
REQUEST DATE		
FILE NUMBER		
PHONE NUMBER		
RESIDENCE ADDRESS		

As a patient, you have the right to be informed about your condition and the recommended surgery, medical or diagnostic procedure, and other treatment options before deciding on the procedure to be carried out on you. This document and an informative discussion will provide information about the definition, necessity, risks, treatment options of the procedure recommended to you, and outcomes you may encounter if the treatment is not performed. After being informed about the intervention, you can agree or refuse the intervention with your free will. If you have difficulty understanding any of the information provided to you, please consult your physician for an explanation.

In case you become pregnant, our center is responsible for your follow-up until your labor occurs. In this regard, if you become pregnant, your pregnancy will be followed up by specialist physicians in our center, and your birth and, if necessary, intensive care services (adult and newborn) will be performed by specialist physicians at the contracted hospital. All costs and expenses related to these shall be covered by the patient.

If you do not prefer to come to our follow-up center or if you have to follow up outside the province, you have to inform us in writing (by fax) every month which center/hospital you are going to or will go to for follow-ups. In order for us to reach you, you must provide us with your correct and complete contact information and notify us in writing (by fax) of any telephone and residence changes.

If you request, you can have a DNA test done to determine your ancestry for a fee.

According to the legal regulation regarding your treatment, articles 90 and 231 of the relevant Turkish Criminal Code are as follows;

90th article of TURKISH CRIMINAL CODE on EXPERIMENT ON HUMAN ;

(1) A person who conducts a scientific experiment on humans is punished with imprisonment from one year to three years.

(2) In order that scientific experiments based on consent on humans do not require criminal responsibility;

a) Necessary permission has been obtained from the authorized board or authorities regarding the experiment,

b) The experiment must have been carried out primarily in a non-human experimental environment or on a sufficient number of animals,

c) Scientific data obtained as a result of experiments carried out in non-human experimental environments or on animals necessitate making them on humans in order to achieve the desired goal,

d) The test not to have a predictable harmful and permanent effect on human health,

e) During the experiment, painful methods incompatible with human dignity are not applied to the person,

f) The purpose of the experiment outweighs the burden it imposes on the person and the danger on the person's health,

g) Consent, which is declared based on sufficient information about the nature and results of the experiment, must be in writing and must not be dependent on the provision of any benefit.

(3) (Amended paragraph: 31/03/2005 - 5328 S.K./7.art.) *1* In addition to the conditions sought in the second paragraph so that scientific experiments on children do not require criminal responsibility;

a) The scientific data obtained as a result of the experiments made it necessary to carry out these on children to reach the desired goal,

b) Obtaining the written consent of the child who has the ability to express consent, as well as the written consent of his parents or guardians,

c) A pediatrician must be present in the authorized boards that will permit the experiment.

(4) Any person who tries to treat a sick person without consent is punished with imprisonment up to one year. However, when it is understood that the application of known medical intervention methods will not yield any results, a trial for treatment per scientific methods based on consent does not require criminal responsibility. The informed consent must be in writing based on adequate information about the nature and results of the trial, and a specialist physician must perform the treatment in a hospital setting.

(5) In the case that the victim is injured or dies as a result of committing the crime defined in the first paragraph, the provisions regarding a willful injury or willful killing shall apply.

(6) In case the crimes defined in this article are committed within the framework of the activity of a legal person, security measures specific to them shall be imposed on the legal person.

231th article of TURKISH CRIMINAL CODE on CAHNGING CHILD'S LINEAGE ;
(1) A person who changes or conceals a child's lineage is punished with imprisonment from one year to three years.
(2) A person who causes a child in a health institution to mix with another child by acting against the duty of care is punished with imprisonment up to one year.

In order to apply this treatment, first of all, you must not have a condition that prevents pregnancy. The woman should not be in menopause. Having a civil marriage is a legal requirement.

In vitro fertilization treatment (IVF, ICSI) recommended to you on (date)…… are assisted reproductive techniques used to conceive an infertile couple. These technologies include the following stages:

1. Controlled use of drugs and hormones to stimulate the ovaries (ovulation induction),
2. Egg collection (follicle puncture) is the collection of an egg from the ovaries stimulated with hormones and drugs, accompanied by ultrasonography, and its use in assisted reproductive techniques.
3. Fertilization (fertilization) of the collected oocyte(s) with the partner's sperm,
4. The embryos that will develop as a result of this fertilization should be kept in an appropriate way until the time that the doctors deem appropriate,
5. Selection of the most suitable embryos to be transferred to the uterus (womb) by the doctor and the relevant team,
6. Embryo transfer is placing the embryos created in the laboratory with assisted reproductive techniques into the mother's uterus,
7. Freezing and storage of available excessive embryos of quality that can be transferred.

If frozen embryos are to be thawed and transferred, the stages to follow are:

1. Preparing the uterine lining (endometrium) for transfer using drugs and hormones,
2. Selection of the most suitable embryos to be transferred to the uterus (womb) by the doctor and the relevant team,
3. Embryo transfer is placing the embryos created in the laboratory with assisted reproductive techniques into the mother's uterus,

In the current system where maximum 2 embryos can be transferred in IVF applications, we can give a 60-70% success rate for women under 35 and 45-50% for women over 35 after IVF Treatment.
Each patient may not reach the embryo transfer stage for different reasons during IVF applications and their cycle may be CANCELED at that stage. It should be kept in mind that

the procedure may not always result in pregnancy and that even if there is pregnancy, it may not always result in a normal baby at term (on time).

We especially understood that there is a risk of anomaly (fetal anomaly) in IVF and the risks of tests to be applied to investigate anomalies such as taking fluid from the abdomen when pregnancy occurs, if necessary.

RISKS OF SURGICAL PROCEDURE

The information that there may be risks related to planned surgical, medical, or diagnostic procedures was given. I am aware that infection, blood clot formation in the veins and lungs, bleeding, allergic reaction, heart attack, lack of aeration in the lungs (atelectasis) may occur and even be life-threatening, which is specific to all surgical, medical, or diagnostic procedures. I have also been told in detail that the risks mentioned below are also related to the procedure.

Some of these risks explained to me are quite rare. Use of assisted reproductive techniques people with an existing disease (those with heart disease, diabetes, high blood pressure, kidney disease, kidney or liver transplant patients, coagulation disorders, and vascular disease) and smokers are at higher risk. Apart from the risks mentioned above, the risks specific to the use of assisted reproductive techniques can be listed as follows:

Infection and/or abscess formation in the abdominal or inguinal cavity (pelvic); Excessive stimulation of the ovaries due to drugs and hormones used (ovarian hyperstimulation syndrome) and consequent fluid accumulation in the abdomen (ascites), fluid collection in the lungs (pulmonary edema) and breathing difficulties, bleeding in the abdomen that may require surgery due to excessive growth and rupture of the eggs, disruption of blood supply (ovarian torsion) that may require surgery by turning around vascular structures, clot formation in veins (venous thrombosis); excessive blood loss to require blood transfusion; Failure to develop pregnancy after the use of assisted reproductive techniques, resulting in miscarriage in the early period of pregnancy, ectopic pregnancy, formation of a pregnancy outside the uterus as well as a healthy pregnancy (heterotopic pregnancy), damage to the large vessels in the ovaries, uterus, and abdomen during the egg retrieval process.

ALTERNATIVES TO PROCEDURE:

Whether the alternatives below would be suitable for me was shared with me in detail.

- Follow-up without treatment
- Waiting for spontaneous pregnancy to occur
- Stimulation of the ovaries and ovulation using drugs (ovulation induction) and/or vaccination (intrauterine insemination)

YOUR OPTIONS IF TREATMENT FAILS

- Follow-up without treatment
- Waiting for spontaneous pregnancy to occur
- Another IVF implementation

ANESTHESIA

I know that Anesthesia poses additional risks; however, I want anesthesia to be used for the planned procedure and additional procedures to avoid pain. I am aware that the anesthesia method could be revised without asking me. I have been told that the sensation of pain during the procedure could be eliminated by local (spinal and epidural) or general anesthesia, which I could discuss with the anesthesiologist and choose. I understand that anesthesia will not be under the control of the doctor who will perform my surgery and that each anesthetic has its own risks. I understand that the use of any anesthetic method may result in complications such as respiratory problems, drug reactions, nerve injuries, brain damage, and even death. Other risks and damages caused by general anesthesia are injuries to the vocal cords, trachea, teeth, and eyes. I understand the other risks associated with local (spinal and epidural) anesthesia, including headache and long-term back pain. I authorize anesthesia to be monitored by (authorize) .....(title and name) or under the supervision of him.

BLOOD PRODUCTS

I acknowledge the use of blood products, when required.

CONSENT FOR THE TREATMENT OF UNFORESEEABLE CONDITIONS

I understand that different situations that will require additional or different procedures other than the planned procedure by my physician may be revealed during the intervention. In such a case, I accept appropriate additional intervention by my physician due to my condition and health.

CONCLUSION

I understand that medical practice is not an exact science, and no guarantee can be given to the outcome or treatment. In the consent document and in my meeting with my doctor, I was given detailed information about my condition, the procedure and risks, and treatment options. In this regard we declare that it is our responsibility and we agree to the use of proposed assisted reproductive techniques without any violence, threat, indoctrination, material or spiritual pressure, we will not use the results that may arise in relation to the operation against each other, as well as against the doctor and hospital; we will tolerate the results and

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approve the procedure recommended to us. If there are remaining embryos for transfer after the transfer of our embryos, I will also be informed and consented to the freezing.

Please write in your handwriting the statement "**I have been adequately informed about the application in all matters, including multiple pregnancies and failure, verbally and in writing**", and sign the form. If you are illiterate, sign with the fingerprint of the thumb of your left hand.

Patient or legal representative

Date:

Female Name-Surname: **Signature:**

Male Name-Surname: **Signature:**

ART Responsible Physician

Dr. Hakan Özörnek

Signature: