



IVF PHOENIX

ENDOMETRIAL BIOPSY

AGREEMENT OF UNDERSTANDING AND ACKNOWLEDGEMENT OF INFORMED CONSENT

I understand that an endometrial biopsy is being done to evaluate the status of the lining of my uterus (endometrium) in relationship to ovulation. I am aware that an ultrasound will be performed to evaluate my uterus and that a small tube (catheter) will then be inserted into the uterus and a sample of the uterine lining will be obtained. I have not had unprotected intercourse this cycle and am reasonably certain that I am not pregnant. I understand that this procedure has a 5% chance of disrupting an early pregnancy.

I am not allergic to novocaine, betadine, iodine, or shellfish.

I am aware that it is normal to experience moderate menstrual-like cramps when the catheter enters the uterus and will continue until it is removed. I am also aware that I may experience some light bleeding after the procedure.

I have been advised to avoid intercourse for two days after the procedure and call if I experience any excessive or prolonged bleeding, a temperature in excess of 100.6 degrees, pulse rate greater than 100 or excessive or prolonged pain.

I am aware that the alternative to this procedure is no evaluation of the uterine lining and proceeding without this important information.

I understand there are certain risks associated with this procedure. These include bleeding, infection, inadequate tissue sampling, and perforation of the uterus with the potential need for surgery to repair the injury.

I have been given the opportunity to ask questions and hereby give my consent to this procedure.

Patient's signature

Date

I have discussed the above procedure in detail, explained the risks, alternatives, and benefits, and given the patient the opportunity to ask questions.

Provider's signature

Date