**INFORMED CONSENT FOR
THE ADMINISTRATION OF LUPROLIDE
ACETATE (LUPRON) IN PREPARATION FOR CONTROLLED
HYPERSTIMULATION.**

On a daily basis for approximately (2) to (6) weeks or more, we, _____ (female partner) and _____ (male partner) who reside at _____ _____ hereby consent to the administration of GNRH agonist Luprolide Acetate (Lupron) to the female partner. Lupron is used to inhibit the primary gland from releasing certain hormones which might interfere with the ovary production of healthy mature eggs caused by fertility drugs.

We are completely aware that GNRH agonist Lupron Acetate (Lupron) has not been approved for this use by the FDA, but it has been approved for the treatment of endometriosis. Preliminary studies in women suggest that short-term use (six {6} months or less of administration) does not appear to cause an increase in cholesterol level or osteoporosis. Although there is limited data, there does not seem to be an appearance of increased infertility or congenital abnormalities in babies born after therapy.

The following are Lupron's possible side effects:

1. Mood swings such as increased emotional sensitivity or irritability.
2. Pain and bruising at the injection site.
3. Temporary fluid retention.
4. Symptoms associated with decreased estrogen levels (i.e. hot flashes, night sweatsm vaginal dryness and insomnia).
5. Mild headaches.

We fully and completely understand this Consent Form, the Lupron information, and its side effects. We sign this form freely and voluntarily and with the knowledge that a copy can made for ourselves if we so desire.

Patient Signature Date

Partner Signature Date

Witness Signature Date

I consulted with the female and male partners who have signed above and explained to them the consents of this consent form.

Physician Signature Date

Please sign and return to your physician's office. Before entering into the in vitro fertilization and embryo transfer procedure, this form must be signed.