



**Acknowledgement Regarding Treatment Risks During the Coronavirus (COVID-19) Pandemic**

I understand that while the American Society for Reproductive Medicine (ASRM) recommends continued delivery of reproductive care along with the use of careful preventive measures, there may be risks associated with contracting COVID-19 during pregnancy.

Available data suggest that symptomatic pregnant patients with COVID-19 are at increased risk of more severe illness compared with nonpregnant women. **Although the absolute risk for severe COVID-19 is low**, these data indicate an increased risk of ICU admission, need for mechanical ventilation and ventilatory support, and death reported in pregnant women with symptomatic COVID-19 infection, when compared with symptomatic non-pregnant women. Pregnant patients with comorbidities such as obesity and diabetes may be at an even higher risk of severe illness.

During the course of my fertility treatment, if I test positive for COVID-19, come into close contact with a COVID-19 patient or develop fever or other symptoms associated with COVID-19 (even in the absence of a positive COVID-19 test), then my cycle will be cancelled. I understand that there are financial implications should this occur.

The COVID-19 vaccine is now being distributed and administered to individuals age 16 and older. The ASRM recommends that patients undergoing fertility treatment and pregnant patients be encouraged to receive vaccination based on eligibility criteria and notes that since the vaccine is not a live virus, there is no data to support delaying pregnancy attempts because of vaccination administration or to defer treatment until the second dose has been administered. The American College of Obstetrics & Gynecology states that while maternal and fetal COVID-19 vaccine safety data are not currently available, there are also no data to indicate that the vaccines should be withheld. Patients may consider the COVID-19 vaccine option **in addition to** precautions such as face masks, physical distancing, frequent sanitizing, limiting social interactions, limited travel, and handwashing.

I understand that circumstances may develop in which AFRM/Westlake IVF may not be able to continue to provide reproductive services during the COVID-19 pandemic, including significant loss of needed health care providers or laboratory staff, lack of available proper personal protective equipment (PPE) or changes in regulations. I understand that I may become exposed to COVID-19 prior to or while receiving reproductive services at AFRM/Westlake IVF despite the measures the clinic is taking in limiting my risk of exposure

I understand that it is my obligation to notify the clinic if I am not feeling well, have a fever or other suggestive symptoms (cough, shortness of breath, loss of taste or smell), or come in close contact with an individual known or suspected to have COVID-19. I understand that I will be asked to reschedule my appointment if I experience any of these symptoms.

I understand that prior to and during my treatment, I will continue to practice preventive measures (e.g., hand hygiene, appropriate social distancing) to limit my chance of acquiring COVID-19. I also agree to wear a facemask, during all visits and sanitize my hands upon arrival.

I understand that I have the option to postpone treatment during the COVID-19 pandemic. The potential benefits as well as risks have been explained to me. I have had the opportunity to ask any questions about my intended treatment and this Acknowledgement and those questions have been answered to my satisfaction.

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Partner \_\_\_\_\_ Date

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Partner \_\_\_\_\_ Date