



## INFORMED CONSENT FORM

Informed consent to be given prior to medically assisted reproduction treatment with intrauterine insemination (IUI), in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI)

We, the undersigned, hereby declare that we agree to undergo medically assisted reproduction treatment due to our wish to have a child.

In accordance with the Swiss Federal Act on Medically Assisted Reproduction, we declare that the following items have been discussed with us:

**Yes**    **No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The causes of our infertility have been explained.  |
| <input type="checkbox"/> | <input type="checkbox"/> | We have been counselled in detail about any alternative treatment options.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The course of the planned treatment has been outlined in detail.  |
| <input type="checkbox"/> | <input type="checkbox"/> | We have been informed about possible physical and emotional side effects of the treatment.  |
| <input type="checkbox"/> | <input type="checkbox"/> | We have been informed about the risks (multiple pregnancy, ovarian hyperstimulation syndrome, ovarian torsion, injury to adjacent organs, secondary bleeding) |
| <input type="checkbox"/> | <input type="checkbox"/> | The financial costs of the medical treatment have been discussed.   |
| <input type="checkbox"/> | <input type="checkbox"/> | We hereby confirm that we were given enough time (at least four weeks) following the informed consent discussion to make our decision.                        |
| <input type="checkbox"/> | <input type="checkbox"/> | We have been informed about the possibility of psychological support.   |
| <input type="checkbox"/> | <input type="checkbox"/> | We have been informed about the possibility of a second opinion from another physician.   |
| <input type="checkbox"/> | <input type="checkbox"/> | We have been informed that in the event of a technical failure of the equipment a liability claim cannot be brought.  |

We agree to the cryopreservation of excess fertilised eggs/embryos, if necessary. This procedure means that thawed fertilised eggs/embryos can be transferred at a later time, without the need for repeated, costly hormone treatment. The cryopreserved fertilised eggs/embryos may be stored for a period of five years. That period can be renewed for a further 5 years if applied for.

Place/Date: \_\_\_\_\_

Signatures: \_\_\_\_\_  
Patient

\_\_\_\_\_  
Partner



## INFORMED CONSENT FORM FOR DATA COLLECTION

*Informed consent to be given prior to medically assisted reproduction treatment with intrauterine insemination (IUI), in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI)*

We have been informed and we agree that our treatment data shall be stored in a central register (FIVNAT) in coded form. The purpose of this data collection, required by law (Reproductive Medicine Act, RMA), is for nationwide quality control and statistical analyses. We agree that our coded treatment data shall be processed, for the purposes stated, by FIVNAT and third parties commissioned by FIVNAT. The coded analyzed results shall be passed on to the Swiss Federal Statistical Office in table form.

We take note that neither FIVNAT nor the Swiss Federal Statistical Office (FSO) have access to our personal data.

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### EINVERSTÄNDNISERKLÄRUNG ZUR DATENERHEBUNG

*Einverständniserklärung vor der Durchführung einer medizinisch unterstützten Fortpflanzung (IUI, IVF, ICSI)*

„Wir wurden darüber informiert und erklären uns damit einverstanden, dass die Behandlungsdaten zentral und verschlüsselt erfasst werden (FIVNAT). Der Zweck der Datenerhebung, welche von Gesetzes wegen verlangt wird (Fortpflanzungsmedizingesetz, FMedG) liegt in der bundesweiten Qualitätskontrolle und in statistischen Auswertungen. Wir erklären uns damit einverstanden, dass die verschlüsselten Behandlungsdaten zu den genannten Zwecken durch FIVNAT oder durch von FIVNAT beauftragte Dritte bearbeitet werden. Die verschlüsselten ausgewerteten Resultate werden in Form von Tabellen an das Bundesamt für Statistik weitergeleitet.“

Wir nehmen zur Kenntnis, dass weder FIVNAT noch das Bundesamt für Statistik (BFS) Zugang zu unseren Personalien haben.

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### CONSETEMENT ÉCLAIRÉ POUR LA COLLECTE DES DONNÉES

*Déclaration de consentement préalable à toute procréation médicalement assistée (IUI, FIV, ICSI)*

Nous avons été informés de l'enregistrement codé et centralisé des données relatives au traitement (FIVNAT) et y consentons par la présente. La collecte des données est exigée par la loi (Loi Fédérale sur la Procréation Médicalement Assistée, LPMA) et sert au niveau fédéral au contrôle de la qualité et à une évaluation statistique. Nous donnons ici notre accord pour le traitement des données codées relatives à la procréation médicalement assistée pour les raisons énoncées, par FIVNAT ou par des tiers mandatés par FIVNAT. Les résultats codés et évalués sont envoyés à l'Office Fédéral de la Statistique sous forme de tableaux.

Nous prenons acte du fait que ni FIVNAT ni l'Office Fédéral de la Statistique (OFS) n'ont accès à nos données personnelles.

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### CONSENSO INFORMATO PER RACCOLTA DEI DATI

*Consenso informato prima dell'esecuzione di trattamenti di fecondazione assistita (IUI, IVF, ICSI)*

Siamo stati informati e acconsentiamo che tutti i dati del trattamento, resi in forma anonima tramite codificazione, siano raccolti in modo centralizzato (FIVNAT). La raccolta dei dati è richiesta dalla legge (Legge federale concernente la procreazione con assistenza medica, LPAM) ed è finalizzata al controllo della qualità a livello federale e alla valutazione statistica. Acconsentiamo inoltre che i dati codificati del trattamento, per le ragioni di cui sopra, possano essere elaborati da FIVNAT o da terzi, designati da FIVNAT.

I risultati codificati delle analisi statistiche sono inviati all'Ufficio Federale di Statistica in forma tabellare.

Prendiamo atto del fatto che né FIVNAT né l'Ufficio Federale di Statistica (UST) hanno accesso ai nostri dati personali.

Place/Date - Ort/Datum

Luogo/data - Lieu/date

Signature Patient - Unterschrift Patientin

Firma della paziente - Signature de la patiente

Signature Partner - Unterschrift Partner

Signature partenaire - Firma del partner

## Freezing / conserving embryos and / or fertilized (impregnated) ova

### A. Order

We, the undersigned,

Last name \_\_\_\_\_

/ First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Last name /

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

1. hereby request that Viollier AG freezes and stores our embryos and / or fertilized ova, (referred to in the following text as cells) with regard to a medically assisted fertility treatment.
2. We acknowledge that our cells may be stored for five years in accordance with the relevant federal law (FMedG, current version) regarding medically assisted artificial reproduction. After the five years have elapsed, we can apply to have the cryoconservation extended by a maximum period of up to five years. The cells can be stored for a total of 10 years.
3. Acknowledge that the freezing, storage and thawing of the cells is performed using tried and tested scientific methods. Viollier AG cannot, however, provide any warranty that the cells will be viable and suitable for establishing a pregnancy after thawing.
4. We acknowledge that we can request Viollier AG at any time by written order to destroy our cells. Our cells may only be thawed with our express permission in writing for the purpose of fertility treatment. We can, at any time, transfer our reproductive cells to another center for further conservation or use.
5. We agree that Viollier AG will invoice us for the freezing and conservation in the first year and, from the second year on, invoice us for payment of the annual fee for the subsequent year in advance. In the event of thawing, destruction or transfer of our cells, payment for the entire year is still due. The standard fees are listed on the up-to-date schedule of fees of Viollier AG.
6. We agree that cells that are not suitable for the purposes of medically-assisted fertility treatment, are used by Viollier AG within the framework of quality monitoring and method evaluation. The cells will be destroyed immediately upon completion of any such use.  
 Yes       No
7. We agree to notify Viollier AG of any change of address.

Comment \_\_\_\_\_

Date, place \_\_\_\_\_

Signature \_\_\_\_\_

Date, place \_\_\_\_\_

Signature \_\_\_\_\_

### B. Declaration of Acceptance by Viollier AG

Comment \_\_\_\_\_

Date, place \_\_\_\_\_

Signature \_\_\_\_\_

- Konsiliarteam**
- Ayad Al-Nasser, Dipl. Arzt
  - Vera Andrist
  - Dr. phil. nat. Florent Badiqué
  - Dr. rer. nat. Christiane Beckmann
  - Dr. med. Philippe Brunner
  - Helen Bucher
  - Dr. med. Christian Busmann
  - Sabina Caminada
  - Dr. sc. nat. ETH Diana Ciardo
  - Véronique Cottin
  - Dr. phil. II Maurus Curti
  - Dr. med. Pierre de Viragh
  - Dr. med. Sophie Diebold Berger
  - Dr. med. Olivier Dubuis
  - Dr. med. Jean-François Egger
  - Dr. sc. nat. ETH, SRT, ERT Daniel Fabian
  - Reto Fehlmann
  - Dr. med. Axel Fehr
  - Christian Fiechter
  - Myriam Flückiger
  - Maya Fünfschilling, Dipl. Ärztin
  - Monika Furrer
  - Dr. med. Susanne Geisler
  - Sabina Greuter
  - Dr. med. Oliver Gugerli
  - Dr. med. Tamara Hebert
  - André-Michael Hold
  - Dr. med. Bettina Huber
  - Dr. med. Barbara Hummer
  - Dr. med. Edelbert Imhof
  - Dr. med. Adrian Keller
  - Dr. med. Régine Ketterer
  - Dr. med. Petra Kohler
  - Dominique König
  - Dr. med. Herbert Köppl
  - Natalie Krebs-Viollier, lic. phil.
  - Dr. rer. nat. Henriette Kurth
  - Dr. phil. II Claudia Lang
  - Dr. med. Thierry Lefrancq
  - Fritz Lehmann
  - Dr. med. Robert Lemoine
  - Lisa Martin
  - Pamela M. J. McLaughlin PhD
  - Dr. pharm. Sarah Molteni
  - Dr. med. univ. Michael Nägele
  - Dr. med. Sabine Nann-Rütti
  - Dr. rer. nat. Ahmed Nil
  - Dr. phil. II Christoph Noppen
  - Anette Ohland
  - Dr. med. Xuan-Cuong Pham
  - Maribel Pieth
  - Bettina Rogger
  - Dr. med. Andrea Sanjurjo
  - Dr. med. Didier Sarazin
  - Dr. med. Dr. phil. II Bernd Sasse
  - Dr. med. Manuel Schlageter
  - PD Dr. med. Boris E. Schleiffenbaum
  - Leonardo Simone
  - Yves Stehle
  - Dr. phil. II Fabrice Stehlin
  - Dr. med. Sophia Taylor
  - Dr. phil. II Lila Tomova
  - Dr. med. Elizabeth Tschanz
  - Dr. med. Maxime Vernez
  - Dr. med. Brigitte Vion-Gauthey
  - Dr. med. Sonja Vollenweider Roten
  - Dr. rer. nat. Kristina Vollmer
  - Dr. med. Ruth von Dahlen
  - Dr. med. Dominique Weintraub
  - Dr. med. Jonathan Weintraub
  - PD Dr. med. Andreas Zettl
  - PD Dr. pharm. Thomas Zysset

**Geschäftsleitung**

- Isabel Brauchli, Betriebsökonomin FH
- Olivier Kobel, Dipl. Ing. HTL
- Dr. sc. nat. ETH Stefano Longoni
- Dr. med. Maurice Redondo
- Markus Rohrbach
- Dominic Viollier, lic. oec. HSG
- Dr. med. Edouard H. Viollier

**Bundesgesetz über die medizinisch unterstützte Fortpflanzung  
(Fortpflanzungsmedizingesetz, FMedG)**

810.11

vom 18. Dezember 1998 (Stand am 1. September 2017)

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**Art. 16** Konservierung von imprägnierten Eizellen und Embryonen *in vitro*<sup>32</sup>

1 Imprägnierte Eizellen und Embryonen *in vitro* dürfen nur konserviert werden, wenn:<sup>33</sup>

a.<sup>34</sup> das betroffene Paar seine schriftliche Einwilligung gibt; und

b. die Konservierung der späteren Herbeiführung einer Schwangerschaft dient.

2 Die Konservierungsdauer ist auf fünf Jahre begrenzt. Sie wird auf Antrag des betroffenen Paares um maximal fünf Jahre verlängert.<sup>35</sup>

3 Jeder der beiden Partner kann die Einwilligung jederzeit schriftlich widerrufen.

4 Bei Widerruf der Einwilligung und bei Ablauf der Konservierungsfrist sind die imprägnierten Eizellen und die Embryonen *in vitro* sofort zu vernichten. Vorbehalten bleiben die Bestimmungen des Stammzellenforschungsgesetzes vom

19. Dezember 2003<sup>36, 37</sup>