SART COVID-19 Message #3 –Tips on Resuming Care

The ASRM COVID-19 Task Force guidance was updated on 4/24/20. View this document at the link below.

Update #3 – April 24, 2020 (https://www.asrm.org/news-and-publications/covid-19/statements/patient-management-and-clinical-recommendations-during-the-coronavirus-covid-19-pandemic/)

Our goal with this communication is to offer practical tips for SART member clinics to consider as your leadership develops plans for resumption of care.

SART's intention is to be a resource for you and is not attempting to define how your clinic should practice.

1. **Where can I get up-to-date information about the pandemic in my geographic area?** In addition to the resources included on the ASRM COVID-19 Task Force Document #3, you may find it helpful to consult: https://covid19.healthdata.org/united-states-of-america. Please also consult your local, municipal, and state ordinances which you must follow as you move ahead in your plans to resume fertility diagnostic testing and treatment. The situation is fluid, and local regulations need to be consulted frequently. There is a possibility of a resurgence of COVID-19 as restrictions are loosened.

2. **What should I advise my patient to do if I am beginning to resume providing care?**
   - Wear a face mask during entire stay in clinic
   - Physical distance as much as possible when in the clinic
   - Come in alone for all clinic visits. Videoconferencing using the patient's phone can be done to engage the partner at discretion of physician and all other healthcare providers.
   - Report any symptoms or COVID-19 exposure so that appropriate medical management can be undertaken.
   - Make sure your temperature is checked before entering the clinic. All patients entering the clinic should have a temperature taken at entrance. Patients with temperature above 100.0 F should be treated as potentially COVID-19 positive.
   - Monitor waiting areas to maintain appropriate physical distancing. Encourage your patients that if physical distancing can not persistently be achieved due to physical

limitations of the space, encourage patients to notify your staff to look at alternative options.

See appendix A below a sample communication template regarding such instruction and pre-screen questions that SART members can use prior to their visit to inform them of what to expect when they come in for a visit.

3. **What basic principles should clinics consider regarding staff safety?**
   - If possible, operationally stagger clinic staff into two distinct teams to limit exposure.
   - Implement sick leave policies for staff that are non-punitive, flexible, and consistent with public health guidance.
   - Move desks or have employees work remotely to adhere to physical distancing standards.
   - Face masks should be worn by staff at all times while in the clinic.
   - Consider requiring that staff change clothes upon arriving and when leaving work.
   - Implement and educate staff regarding cleaning and disinfection (sanitization) protocols, consistent with CDC and OSHA guidance, with their work area. (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html, https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030).
   - Consider staggered scheduling and group scheduling to minimize the impact of COVID-19 exposure on your workforce.
   - Impose appropriate limits on business travel.
   - Request that staff be open and transparent about their personal travel plans.
   - As part of routine practice, educate staff to regularly monitor themselves for fever and symptoms of COVID-19.
   - Staff should stay home when they are ill.
   - If a staff member develops a fever (T≥100.0^{o}F) or symptoms consistent with COVID-19 while at work, they should keep their face covering or facemask on, inform their supervisor, and promptly leave the workplace.
   - All staff should be screened at the beginning of their shift for fever and other signs and symptoms consistent with COVID-19.
     - Fever is defined as either measured temperature ≥100.0 ^{o}F or subjective fever
   - Document staff members' temperature, and presence or absence of symptoms consistent with COVID-19 daily, in a written log.
   - Develop a written policy and procedure for addressing employees who report COVID-19 symptoms, diagnosis, or potential exposure, with specifics for

quarantining and testing of staff before returning to workplace. For example, see https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)

4. **What protocols should staff follow?**
    - Whatever a clinic elects to do, consider documenting your standard procedures in a policies and procedure document that is formally read and signed by all employees and kept in their staff human resources file.
    - Any staff with symptoms should call their manager before coming into work so that alternative staffing can be arranged.
    - Physical distancing between staff members should be maintained.
    - After every encounter with patients, staff should perform hand washing for 20 seconds or use an alcohol-based hand sanitizer, which should be readily accessible at clearly marked areas around the clinic.
    - Avoid touching face, eyes, mouth with unwashed hands.
    - Do not share food or bottles.
    - Follow PPE recommendation as outlined in Table in the ASRM task force recommendation update #3 (https://www.asrm.org/news-and-publications/covid-19/statements/patient-management-and-clinical-recommendations-during-the-coronavirus-covid-19-pandemic/).
    - All staff should wear face masks at all times, especially in natural gathering areas of the clinic, i.e. MA stations, breakroom, nursing administrative areas, laboratory administrative areas, etc., where physical distancing can be a challenge.
    - As masks cannot be used during eating, if physical distancing cannot be accomplished when eating in the facility, staff should eat in appropriately spaced areas, e.g. cars, outside areas.
    - Offer new and return patient consults performed by video (telehealth) or phone.
    - Space in-person appointments to avoid crowding.
    - Tests and diagnostic procedures should be consolidated to avoid multiple patient visits to the clinic, assuming wait times between tests / procedures can be minimized.
    - Allow only the patient in the clinic (i.e. no partner or “support person”). If needed, emotional support by partner via cell phone can be suggested during the visit.
    - Ensure patients wear face coverings/masks for all their in-person appointments.
    - All persons entering the clinic must complete and pass a standardized screening (see question 2 for specifics).

- Monitor reception areas/waiting rooms for physical distancing, utilizing alternate spaces when needed. When possible, use of waiting rooms should be avoided altogether.
- Whenever possible, encourage staff to work remotely from home.
- Perform regular and frequent disinfection (sanitization) of the clinical facility and equipment throughout the day, such as computer workstations, desk surfaces and doorknobs, preferably in a prescribed fashion that is standardized throughout the clinic spaces.
- Provide patients with COVID-19 information/counseling and consider asking them to sign a consent. Consider also documenting counseling of patient in the medical record before any treatment begins, in addition to, or instead of, utilizing a consent form (see question 5 below for specifics).
- Formally ask pre-screen questions regarding symptoms and COVID-19 exposure 1-2 days prior to scheduled visit or when the patient books their appointment. (See Appendix A) At the same time, reassure all patients that their safety is your primary concern and that the above safety measures are being done.

5. **Should my clinic have a COVID-19-specific consent form for diagnostic testing and treatment?**

   This decision is ultimately up to you regarding whether or not to ask patients to sign a formal consent form. Regardless of whether you use a consent form, it is critical that patients be informed about the potential risks involved in proceeding with fertility testing and treatment during the COVID-19 pandemic and this counseling be recorded in the medical record. A consent form or standardized template that is shared with the patient can provide a systematic approach to ensure that all patients are provided with key information to allow them to make an informed decision about proceeding or not with fertility testing and treatment.

   Elements to discuss with patient:

   - Unknown impact of pregnancy on susceptibility to or severity of COVID-19, and unknown impact of COVID-19 on pregnancy including maternal and fetal risks. Some warnings should be given related to general risk of febrile illness and experience with other viral infections.
   - Limited access to or unknowns regarding COVID-19 testing.
   - Potential for treatment cancellation due to exposure, infection, unavailability of PPE/supplies, or changes in regulations. Statement of treatment

cancellation should include the practice's policy and procedures concerning the financial consequences of cancellation.

- If any, please advise financial policies which limit monetary risk to patients if their treatment is cancelled due to a reported symptom or exposure.
- Risk of exposure at clinic during treatment.
- Option to postpone treatment.
- Opportunity to have questions answered.

See appendix B below for examples of medical record template, patient handout and consent forms. These should be individualized for your practice. Please use as you wish when developing material for your clinic with your clinic branding and letterhead.

Please note such examples do not constitute legal advice or create an attorney-client relationship. SART members should use these documents in consultation with legal counsel in conjunction with local laws and regulations. Please revise as needed as they apply to your practice patterns. The example documents are tools for a practice to formally counsel your patients before undergoing ART treatment, but do not release the practice from potential liability from any complications that can occur when treating patients with ART in the COVID-19 pandemic.

6. **How should I manage patients who are undergoing oocyte retrieval under anesthesia in my procedure or operating room?**
    - No reliable testing is available currently to predict disease because of the high false negative rate. As a result, all patients should be treated as if they are coronavirus positive.
    - Follow your local institution's recommendation if testing is available.
    - For those in independent surgical sites that are not affiliated with large institutions:
        - All staff who will be in the operating room should be fitted for N95 masks. Clinics should document such fitting in the staff-member's file.
        - All patients coming to the operating room should be screened 1-2 days prior to surgery via phone/portal message with standard questions (see appendix A for specific questions that can be asked of patients).
    - Currently, no studies exist that assess the risk of different airway techniques and anesthetic choices. Laryngeal mask airway (LMA) and intubation are at

greater risk of generating aerosols and PPE for aerosol-generating procedures should be worn by all staff, i.e. N95 masks.

- For oocyte retrievals, D&Cs, paracenteses, and certain urology procedures, the use of local anesthesia, oxygen mask, and IV meds (e.g. propofol, midazolam and fentanyl), are encouraged.
- If the risk of intubation or aerosolization is low, generally a non-N95 PPE can be used.
- If intubation is required intraoperatively, all staff need to put on N95 masks, gown, double gloves, and eye protection, and the operating room door to remain closed for at least 20 min. after extubation to allow for room air to be fully exchanged.
- Patients undergoing surgery with planned anesthesia should wear a mask at check-in and during their entire time on-site, other than when in the operating or recovery rooms.

7. **What kinds of other surgery can be done at this time?**

If you are associated with a larger institution such as a hospital, comply with your hospital's policy when classifying patients as urgent, non-urgent, or elective.

If a SART member clinic is affiliated with a free-standing surgery center, comply with local municipal and/or state ordinances. Ectopic pregnancies and surgical management of miscarriages are considered urgent and can be done under the appropriate operating room circumstances (see question #6 above). Prior to surgical intervention, medical therapy, such as methotrexate for ectopic pregnancies and misoprostol for miscarriages, must be considered, perhaps at a lower threshold than previously.

8. **What types of patients or situations should be considered more time-sensitive for treatment with ART?**

Before reopening, it is imperative that safety measures be in place to protect patients and staff. Many clinics will not be able to accommodate the same patient volumes they once did before the COVID-19 crisis, while maintaining appropriate screening and social distancing. Therefore, prioritization of patient treatments may be necessary.

Prior to treatment, a formal patient acknowledgement in the medical record and/or patient consent is recommended (see Appendix B) regarding data on coronavirus and pregnancy is limited (see question 5 above). Patient prioritization can be based on:

- Patient age, known AMH levels in the past 6-12 months, and AFC. As an example of possible criteria: age >38 years, AMH <1 pg/mL, and/or antral follicle count <10
- Fertility preservation for medical reasons, i.e. cancer
- Diminished ovarian reserve.
- Advanced maternal age.
- Severe endometriosis.
- Donor oocyte recipients where frozen eggs were used and thawed during treatment
- Frozen oocytes thawed for embryo creation cycles combined with PGT
- Mental health issues such as severe anxiety/depression, where delay in treatment will can exacerbate the condition, in consultation with their mental health provider
- Insurance coverage is time limited.
- Solely needing a frozen embryo transfer (FET), as monitoring visits are limited,

9. **If a patient has been determined to be able to begin an ART cycle, what are some factors to consider in choosing which ovarian stimulation protocol to use?**
    - Use stimulation and monitoring protocols which minimize the required blood samples and ultrasounds.
    - The risk of OHSS should be minimized more than usual, potentially with the use of an agonist trigger if possible.
    - The dose of gonadotropins should be lower.
    - Consider utilizing fixed antagonist start day on all ART cycles, i.e. day 7 of stimulation, rather than follicle size criteria to reduce an ultrasound needing to be done.

10. **In what situations should a delay in beginning an ART cycle be considered?**
    - Patient who choose to delay due to anxiety surrounding the COVID-19 pandemic itself.
    - To avoid potential SARS-CoV-2-related complications during pregnancy, if preconceptionally healthy.
    - Patients who have preconception medical conditions which raise their risk of complications from the ART treatment itself or from COVID-19, including but not limited to severe asthma, poorly controlled diabetes, chronic lung disease, severe heart disease, severe obesity, hypertension, chronic liver or kidney disease.
    - To mitigate the unknown risk of vertical transmission in SARS-CoV-2 positive patients.

- To support the necessary reallocation of healthcare resources in their local communities.
- If similar treatment can be performed at a later time without detriment to patient prognosis.
- Patients at high risk of OHSS.
- Patients who are undergoing treatment with oocyte donation (fresh and frozen cycles), unless recipient is near the ceiling of the clinic's age criteria. A SART member clinic could consider extending clinic-specific age criteria by a year for donor oocyte recipient.

11. **Can diagnostic testing and bloodwork be done?**

Yes, diagnostic testing and bloodwork can be done if appropriate mitigation strategies, for example as described in the ASRM task force recommendation, update #3 (https://www.asrm.org/news-and-publications/covid-19/statements/patient-management-and-clinical-recommendations-during-the-coronavirus-covid-19-pandemic/) and question #2 above.

Diagnostic testing including ultrasounds, hysterosalpingograms, saline infusion sonograms, office hysteroscopies, semen analyses, and blood samplings can be offered.

Each SART member clinic must continually evaluate their operational ability to comply with above advice as resuming care continues and local stay at home ordinances are lifted.

12. **What about testing for COVID-19?**

Nasopharyngeal swabs for RNA testing by PCR are the most reliable for identifying the presence of the novel coronavirus, but false negatives continue to be a problem and the sensitivity of RNA testing is estimated to be about 70%. The positive and negative predictive value of the test will differ depending on the prevalence of the disorder in the specific geographic region where the clinic resides, with a greater number of false positives occurring in areas with lower prevalences.

Consequently, recommendations regarding pre-op, pre-ART, or intracycle cycle testing using PCR vary across institutions and often are controversial. Some institutions require pre-operative testing, while other institutions and free-standing fertility centers may not have readily available PCR testing.

If a clinic or institution has access to such testing and the patient is positive for coronavirus, the ART cycle should be cancelled regardless of the absence of symptoms due to the known asymptomatic window of COVID-19.

Regardless of your clinic's access to testing, universal precautions and screening for symptoms as described in the previous questions are recommended, as follows:

- The safety of staff and patients is maximized if you treat everyone as potentially infectious.
- N95 masks are recommended if staff is in direct/proximity to a patient's face (e.g., anesthesia) and/or the risk of aerosolization with airway management, other than the sole use of an oxygen mask, is necessary
- If a patient is asymptomatic and both provider and patient are masked, the risk of transmission is likely to be low.
- Antibody testing is helpful ONLY for tracking patients for future immunity and research at the present time.
- Many unvalidated tests are on the market.
- It is inappropriate and unreliable to use antibody testing for triaging healthcare workers or to determine the need for PPE use.
- Even if an antibody test is positive, it is not clear how this should be interpreted, as immunity is not guaranteed.
- Inappropriate use of antibody tests may create risks to those who presume they are protected.

Disclaimer:

"This document was developed by members of the SART executive council (SEC) of the American Society for Reproductive Medicine as an educational resource and service to its members and other practicing clinicians. While this document reflects the views of members of the SEC, it is not intended to be the only approved standard of practice or to dictate an exclusive course of treatment. Physicians and other health care providers should always use their best judgment in determining a course of action and be guided by the needs of the individual patient, available resources, and institutional or clinical practice limitations. This document was reviewed and approved by SART leadership, the presidential chain and members of the SEC.

Review Process, Financial Relationships/Disclosures, Update Policy and the Role of Participants:

Address the review process, financial relationships/disclosures, update policy (if any) and the role/participation of particular committee members and experts, separate from the disclaimer.

APPENDIX A:

An example of patient messaging that you can provide prior to a clinic visit

PRACTICE NAME is committed to the safety of all patients and staff and is making every effort to prevent the transmission of COVID-19.

As much as we understand the need for support, partners, family members, and friends will not be permitted to attend appointments with you at this time. We know that this is a hardship and appreciate your partnership in helping us promote social distancing and reduce the risk of exposure to COVID-19.

Unfortunately, we will not be able to provide masks due to the ongoing efforts to conserve PPE (personal protective equipment); however, we do require you to wear face coverings when attending appointments. You may visit the CDC website if you would like more information on do-it-yourself cloth face coverings. (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>)

Please carefully review the following screening questions prior to attending your scheduled appointment. If you must respond yes to any of the following questions, please do not come in for your appointment and contact our office for next steps.

1. Do you have any of the following symptoms?

    a. Fever ≥ 100.0° F (note that temperature cut-off here is arbitrary, but is the value chosen by CDC)

    b. Cough, shortness of breath, or sore throat

    c. Muscle aches, headache, fatigue, runny nose, nausea, vomiting, diarrhea, abdominal pain, or reduced sense of smell

2. Have you been diagnosed with COVID-19? If yes, please answer these questions:

    a. Do you have documentation of a negative test after illness OR

    b. Has it been at least 72 hours since your last fever and 7 days since the onset of any symptoms?

3. Have you had close contact with a person who has tested positive for COVID-19 or is in the process of being tested for COVID-19 in the prior 14 days?

    Close contact includes:

    - Living in the same household as a sick person with COVID-19
    - Caring for a sick person with COVID-19
    - Being within 6 feet of a sick person with COVID-19 for 10 minutes or longer

- Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.).

4. Are you a healthcare professional with potential exposure to patients with COVID-19? If yes, please answer the following questions:

a. Have you been exposed to a patient with COVID-19 when you were not wearing a mask?

b. Have you been exposed to a patient with COVID-19 who was not wearing a mask, when you were wearing a mask, but no eye protection?

APPENDIX B:

1. **An example for a patient handout you can distribute:**

INFORMATION ON THE IMPACT OF COVID-19 ON PREGNANCY

Currently, there is no definitive data on the impact of the COVID-19 on fertility, pregnancy, childbirth or transmission of disease to newborns. We simply do not know and cannot verify that there is no impact or any specific impact on pregnancy, fetuses or neonates.

- **There is currently no scientific evidence showing that COVID-19 is transmitted to or carried by oocytes (eggs) or sperm.**
- **There is very little research on a pregnant woman's susceptibility to catching COVID-19**. This means that no one can be certain if pregnant women are more likely to contract COVID-19 compared to a non-pregnant adult. In past pandemics, pregnant women found to at greater risk for infectious processes (due to the physiologic and immunologic changes of pregnancy) which may pose risks including birth defects, miscarriage, stillbirth, and preterm birth.
- **There is little research (and no verified data) on pregnancy and COVID-19**. The few studies available are limited to the impact of COVID-19 on women in the second or third trimester of pregnancy. *There is very limited information on how COVID-19 affects women and unborn children in the first trimester of pregnancy*. Further, there may not be any significant data on pregnancy and COVID-19 soon as all information takes time to collect and evaluate. There is no current approved treatment (medication) for COVID-19, and if a pregnant woman gets COVID- 19, the current medication used to provide compassionate care to patients afflicted with COVID-19 is *contraindicated* for use in pregnancy.
- **There is very little information on the transmission of COVID-19 to fetuses.** The small amount of data reported out of Wuhan, China and New York does not show any definitive evidence of intrauterine fetal infections with COVID-19; therefore, it is believed that the risk of transmission of COVID-19 to a fetus in utero is low or non-existent. Reported cases (3) of infected newborns have fortunately had good recoveries, although how they were infected is still not clear. However, an infected mother can transmit the virus to her infant after birth through respiratory droplets. While breast feeding is still possible; masks and hand hygiene are essential. Some hospitals are restricting partners at deliveries and (except for breastfeeding) using social distancing between mothers and newborns is advocated in some areas. Even greater restrictions may apply if the mother becomes infected.

2. **An example templated note SART member can use to document in the medical records:**

I discussed the guidance and recommendations for trying to conceive, fertility treatments, and risks with coronavirus (COVID-19) in pregnancy. New data are emerging on an ongoing basis and the guidance and recommendations are expected to continue to change over time. Current considerations include the following:

There are unknown impacts of pregnancy on the susceptibility to or severity of COVID-19.
There are unknown impacts of COVID-19 on pregnancy including maternal and fetal risks, although we do have some experience with other respiratory viral infections such as influenza. There is a general risk of febrile illness in early pregnancy including birth defects and miscarriage. Later in pregnancy there may be adverse obstetrical outcomes associated with COVID-19 such as risk of preterm delivery.

There is currently limited access to and unknowns regarding COVID-19 testing.
There is the potential for treatment cancellation due to exposure, infection, availability of PPE, or changes in regulations, and there could be associated financial consequences of cancellation.

There is a risk of exposure to COVID-19 at the clinic during evaluation or treatment.
NAME OF PRACTICE has been limiting fertility treatments to patients whose treatment is defined time sensitive.

The patient has the option to postpone evaluation and treatment.
The patient is aware of the lack of data regarding COVID-19 and wishes to proceed with treatment when feasible.
All questions answered.

3. **TWO examples of some consents/assents that could be used for your patient to sign.**

EXAMPLE 1

CONSENT FOR TREATMENT DURING THE CORONAVIRUS (COVID-19) PANDEMIC

COVID-19 is a rapidly evolving pandemic. At this time, there is limited information about COVID-19, particularly related to its effect on pregnant women or developing fetuses. At the present time, there are no recommendations specific to pregnant women regarding the evaluation and management of COVID-19.

- There is very little known regarding a pregnant woman's susceptibility to catching COVID-19 or experiencing severe symptoms or dying. The currently available data on COVID-19 does not indicate that pregnant women are at increased risk. However, pregnant women are more susceptible to and at greater risk of mortality and complications from other respiratory infections such as influenza and SARS.

- There is little known regarding the impact of COVID-19 on pregnancy. Prior data suggest that high fever in early pregnancy may be associated with an increased risk of birth defects and miscarriage. Some infections in later pregnancy may result in stillbirth and preterm birth.

  Adverse infant outcomes including pre-term birth have been reported among infants born to mothers positive for COVID-19 during late pregnancy. However, this information is based on limited data and it is not clear whether these outcomes were directly related to maternal infection or not. Currently, it is unclear if COVID-19 can cross the placenta to directly harm the fetus. Although it is unclear what the optimal medical treatments are for this infection, a variety of medications are used to combat the illness. It is possible some of these medications may cause harm to the pregnancy or fetus.

By signing below, I agree to the following statements:

1. At the present PRACTICE NAME does not have access to testing for COVID-19.

2. If I am directly exposed, infected or diagnosed with COVID-19, or have symptoms with any febrile illness or have flu like symptoms which could possibly be COVID-19 (even in the absence of a positive COVID-19 test), my/our treatment cycle will be cancelled.

3. My/our treatment cycle may be cancelled if PRACTICE NAME is not able to support treatment as a result lack of essential staff or supply shortages.

4. My/our treatment cycle may be cancelled if there is change in regulations at the local, state or federal level such as a government edict, order or directive to stop providing

services or procedures, or PRACTICE NAME is required to shut down.

5. I may become exposed to COVID-19 while receiving treatment by other patients or a (PRACTICE NAME) provider.

6. The risks of COVID-19 on pregnancy, if any, are unknown but could include, birth defects, miscarriage, stillbirth, preterm birth or other pregnancy complications.

7. My treatment cycle may be cancelled if new data arises that mandates cancellation of treatment for the safety of me or my future pregnancy or of clinic staff.

8. It has been explained to me that I have the option to postpone treatment in order to minimize the potential risks delineated above.

If the cycle is cancelled for any reason, including but not limited to the statements above, this may affect my insurance benefits and or I may be financially responsible for any services performed, including any medication expenses incurred.

I have discussed the risks and implications of COVID-19 with my physician, have had an opportunity to ask questions and have them answered to my satisfaction. I understand that information regarding COVID-19 and the medical communities' understanding of this disease is rapidly evolving and that additional risks or considerations may come to light.

By my/our signatures, below I/We confirm that I/we have read the above, information on COVID-19, have had an opportunity to discuss this information and our treatment plan with the treating physician, and agree to continue fertility treatment, including ART (if indicated) at this time.

Date	Signature of Female Patient	Patient's Name (please print)

Date	Signature of Partner (if applicable)	Partner's Name (please print)

Provided to patient by <PRACTICE NAME> staff member:

Date Signature Printed Name

EXAMPLE TWO:

PATIENT CONSENT FOR TREATMENT DURING THE COVID-19 PANDEMIC

1. My care team and PRACTICE NAME have discussed with me the impact of COVID-19 on my fertility treatments.
2. I agree and understand:
    a. PRACTICE NAME and my care team will provide updates regarding the pandemic and its impact on my treatment.
    b. I understand that my cycle may be CANCELED if new information mandates cancellation for patient/baby safety or the clinic is unable to support treatment cycles.
    c. If I am diagnosed with COVID-19, am directly exposed to COVID-19 or am suspected to have COVID-19 based on symptoms (even without a positive test), SRM will not continue with my treatment cycle. I understand that the expenses occurring to date will not be reimbursed.
    d. The impact of COVID-19 on pregnancy are unknown. Some guidance societies have recommended a strategy to minimize pregnancy during this crisis. I understand that the risks could include miscarriage, stillbirth, preterm birth and other unknown impacts on pregnancy.
    e. High fever from any cause, including COVID-19, in the first trimester of pregnancy may be associated with an increased risk of birth defects. Covid-19 or seasonal influenza in the third trimester of pregnancy may be more likely to lead to pneumonia. Cases of pneumonia in pregnancy may be more severe and require hospitalization and may lead to maternal and fetal compromise.
3. I (and my partner if applicable) have read and understand everything in this Consent for Treatment During the COVID-19 Pandemic. I have also been provided a copy of Information for ART Patients During the COVID-19 Pandemic. (This document can be individually developed by SART members balancing providing information without overwhelming the patient) I have been given the opportunity to ask questions relating to this consent and my questions have been answered to my satisfaction. I understand that I can contact PRACTICE NAME if I have further questions.

By my/our signatures, below I/We confirm that I/we have read the above, information on COVID-19, have had an opportunity to discuss this information and our treatment plan with the treating physician, and agree to continue fertility treatment, including ART (if indicated) at this time.

Date	Signature of Female Patient	Patient's Name (please print)

Date	Signature of Partner (if applicable)	Partner's Name (please print)

Provided to patient by <PRACTICE NAME> staff member:

Date	Signature	Printed Name