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**Release Notes for 2022 Update of SART Informed Consents**

**These template documents were revised before the US Supreme Court decision in *Dobbs v. Jackson* (which repealed Roe v. Wade), and therefore, SART has not reviewed the template documents and did not make any changes based on the *Dobbs* decision. SART strongly recommends that before any SART template document is put into use in a Member's practice, the document should be reviewed by the Member's local legal counsel to ensure that the language conforms to current federal, state and local laws as these may have recently changed or are in the process of being changed.**

*Please note that full informed consent includes information about facility policies that may be important to patients in making decisions about their care. Education is an important prerequisite to informed consent but is not a substitute for it. Informed consent for clinical care typically is a process in which the patient is supported in developing understanding of the medical options (including risks, benefits, and alternatives) and coming to a voluntary and autonomous decision. Best practices for the process of informed consent include a model of shared decision-making that includes: 1) ensuring the patient understands the medical condition; 2) presenting accurate and unbiased the risks, benefits, expected outcomes, and alternatives of the proposed intervention including no treatment; 3) eliciting the patient's values; 4) considering how the available options may or may not realize these values. Additional efforts may be needed to ensure informed consent when patients are in stressful situations; when they may be subject to pressures from partners or family; when they lack experience with what they may undergo (such as pregnancy or childbirth); when the risks, benefits, and processes of care are difficult to explain and understand; when their first language is not English; or when there are barriers which may impact the ability of the patient to provide fully informed consent [from ASRM Ethics Committee document on Informed Consent, 2022]*

This is the fourth version of model ART consents being offered to members.

The goal was to simplify and shorten the documents where possible and update them to include risks of cryopreservation (see text box below). In addition, certain new documents have been added. The current list is:

* SART Boarding Pass
* In Vitro Fertilization (option of vaginal culture)
* Donation of Eggs
* Recipients of Donor Eggs
* Recipients of Donor Embryos
* Gestational Carriers / Intended Parent Info
* Embryo Disposition (for couples and single IPs)
* Egg Freezing risks and disposition
* Donation of Embryos
* Donor Sperm Use
* Disposal of Cryopreserved gametes or embryos
* Frozen Embryo Thaw / Transfer
* Transport – In of cryopreserved gametes or embryos
* Transport – Out of cryopreserved gametes or embryos
* Intravaginal Culture

We envision that certain documents be utilized before each treatment:

* SART Boarding Pass: summary of the treatment and parties involved
* The relevant Informed Consent document: IVF, Egg Donor, Recipients of Eggs or Embryos, or Gestational Carrier / Intended Parent.
* Ancillary documents when appropriate:
  + Disposition of Embryos
  + Disposition of Eggs
  + Egg Cryopreservation.

Each document begins with a cover page that describes the document, its target audience, release notes for the current version, and instructions on how to modify the document for incorporation into your practice.

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