Endometrial Receptivity Array (ERA) Informed Consent and HIPAA

**Patient Name: ____________________________ **

**METHODOLOGY: DESCRIPTION AND PURPOSE OF THE ANALYSIS**

ERA (Endometrial Receptivity Analysis) is a molecular tool that is used to determine if the endometrium (the mucous membrane lining the womb) presents a receptive profile after five days with progesterone exposure, the time at which the endometrium is typically ready for embryo implantation. This molecular diagnosis method is based on measuring the gene expression profile of endometrial tissue.

Consequently, ERA helps to determine when the endometrium presents the ideal conditions for embryo implantation and therefore enables the embryonic transfer to occur at the ideal time for the endometrium, thus increasing the possibility of a successful in vitro fertilization treatment.

ERA is a laboratory develop test (LDT). The development of this tool was published by Diaz-Gimeno et al., 2011 (Fertil Steril. 2011 Jan;95(1):50-60.e15.doi:10.1016/j.fertnstert.2010.04.063), and the accuracy and reproducibility of the ERA test was proven in Diaz-Gimeno et al., 2013 (Fertil Steril. 2013 Feb;99(2):508-17.doi:10.1016/j.fertnstert.2012.09.046). Finally, its clinical applicability in patients with repeated implantation failures was demonstrated in Ruiz-Alonso et al., 2013 (Fertil Steril. 2013 Sep;100(3):818-24.doi:10.1016/j.fertnstert.2013.05.004) and a case report with a pilot study were presented in Ruiz-Alonso et al., 2014 (Hum Reprod. 2014 Jun;29(6):1244-7.doi:10.1039/humrep/deu070). A prospective, randomized study on the effectiveness of the ERA test in patients who have not received previous assisted reproduction treatments in presently underway (ClinicalTrials.gov identifier:NCT01954758). Igenomix has the Clinical Laboratory Improvement Amendments (CLIA) certification; CLIA #99D2146167.

**PROCEDURE**

To carry out this analysis, an endometrial biopsy is required and for first biopsies it is usually performed seven days after the LH surge in a natural cycle or after five full days with progesterone exposure in hormone replacement therapy cycles. In case of a first ERA test indicating a displaced window of implantation, a second endometrial biopsy may be recommended on the specific indication by the ERA analysis.

An endometrial biopsy consists of introducing an extremely thin cannula through the vagina until it reaches the womb, where a small cylinder of endometrial tissue is absorbed. This is the least invasive technique available to obtain a sufficient amount of endometrial material. This procedure may cause some discomfort and slight bleeding after the biopsy.

**RISK**

There is a risk (<5%) that the biopsy procedure will fail to obtain a sufficient quantity and / or quality of tissue to be able to make a diagnosis. If this should occur, a new biopsy will be required.

In approximately <1% of cases there is a “Non informative” result. In those cases, a new endometrial biopsy could be required.

In order to process the sample, it is necessary to properly complete the required fields in the test requisition form. If any of these fields are not properly completed, then the analysis could be delayed until the information is sent to our laboratory.

After a diagnosis has been made, the report will be sent to the doctor and / or clinic requesting the test.

**Genetic Counseling:** Genetic counselling will be offered with a genetic counselor that specializes in ERA prior to signing this consent form. The genetic counselor will describe the benefits and risks of ERA as well as answer any additional questions. This consultation can be arranged by calling the Igenomix USA reference laboratory directly or can be arranged by E-mail. Please call at least 10 business days prior to your biopsy date to schedule the appointment.

**CONFIDENTIALITY**

Your identity and all of your personal information, including personal health information (collectively, the “Personal Information”) shall be kept confidential, except as required by the applicable laws. The Health Authorities shall have access to them to review your medical records. As part of their occupational duties, the personnel with access to your personal details shall be subject to permanent professional secrecy.

Any personal details included in this document shall be included in a confidential automated file, which is duly registered in the Spanish Data Protection Agency in accordance with the specific terms set out in Law 15/1999, whose ownership corresponds to Igenomix USA. For the purpose of managing the above-described diagnosis study. At all times, the patient has the right to access, rectify and cancel such data, as acknowledged by the cited legislation on personal data protection, by writing to: Igenomix USA, 7955 NW 12th STREET, SUITE 415, MIAMI, FL 33126 (USA).

ERA Samples can be discarded within 60 days after results are reported or the test is discontinued for any reason, also it is possible to donate for research purposes those samples.

This donation involves no additional immediate, direct medical risk to you. The future research is not intended to provide direct medical benefit to you or anyone else.

Any material you have donated to research, or results of research including new products, tests, or discoveries, may be patentable or have commercial value. If you consent to donate materials, you will have no legal or financial interest in any commercial development resulting from the research.

Your decision to participate in research studies with your donated samples, is voluntary. You have the right to withdraw your consent at any time prior to the release of your cellular reproductive materials to researchers. If you decide not to donate, your sample will be discarded after ERA tests. However, once the materials are provided to researchers, you will not be able to withdraw them from the research. To withdraw, please contact Igenomix USA. Neither consenting nor declining to donate materials for research will affect the quality of care provided to you by this facility. Clinical decisions about your IVF treatment will not be influenced by your participation. The researchers will not be involved in your direct clinical care. Please do check the following boxes and sign below.
Yes, I wish to donate samples from extra DNA for research;

☐ Yes, I wish the samples to be discarded after ERA tests;

☐ Complete this box if there is no objection to be contacted in the future in order to offer you the opportunity to conduct research or complete medical information about your case. Failure to complete this box does not involve any commitment on your part to accept participating the study.

HAVING READ AND UNDERSTOOD THE INFORMATION ON THE PREVIOUS PAGE, I HAVE BEEN INFORMED ABOUT:

The indication, procedure, chances of success, risks and complications of the proposed treatment, and the cost of this test;

the availability of the health personnel to extend any aspect of this information that may not have been made clear;

I have understood the explanations I have been provided with, which have been written clearly and simply, and the doctor who has seen us has allowed me to make all the observations I have wanted to and has resolved any doubts I had.

I state that I am satisfied with the information received. I freely give my consent to undergo an endometrial biopsy in the assisted reproduction center/clinic, and for the endometrial tissue sample to be sent to the premises of Igenomix USA. for a diagnosis to be made.

Likewise, I accept that the ERA (Endometrial Receptivity Analysis) results will be made known to my gynecologist so that I can be suitably advised about my IVF treatment in accordance with these results.

_____________________________  ______________________________
Patient’s Signature                  Date

_____________________________  ______________________________
Physician’s Signature               Date