# IVF AND REPRODUCTIVE BIOLOGY CENTRE DEPARTMENT OF OBS. & GYNAECOLOGY MAULANA AZAD MEDICAL COLLEGE & LN HOSPITAL NEW DELHI-110002

# Patient informed consent form

For intra-uterine perfusion of granulocyte- colony stimulating factor (G-CSF), to improve endometrial lining response in IUI/IVF cycles.

### TITLE OF RESEARCH/ PROPOSED STUDY:-

"Effect of Granulocyte-Colony Stimulating Factor on Unresponsive thin Endometrium"

# 1. Aim of proposed research work: -

The proposed research work will involve the study of the effect intra-uterine perfusion of granulocyte- colony stimulating factor (G-CSF), for unresponsive (< 7 mm) endometriam in women undergoing IUI/IVF cycles to observe lining response and successful implantation and clinical pregnancy.

# 2. Study procedure: -

Intra-uterine perfusion of granulocyte- colony stimulating factor (G-CSF) in women diagnosed with thin endometrium (< 7mm) in trans-vaginal sonography, to observe the effects on improvement of the thickness of endometrial lining and its response in IUI/IVF cycles. All the possible safe measures will be applied for perfusion of the granulocyte- colony stimulating factor (G-CSF). After perfusion follow up of the patient will be taken upto successful implantation and clinical pregnancy.

The pre-filled syringes of granulocyte- colony stimulating factor (G-CSF) will be attached to the catheter and slowly instilled into the uterine cavity by the doctor.

# 3. Benefits and Risks: -

Any kind of the harmful effect will not exert on the patients and their IUI/IVF treatment and there is not any known problem during the Intra-uterine perfusion of granulocyte- colony stimulating factor (G-CSF). This is a voluntary work to contribute for this research study. You will not get any personal profit and no alteration on your treatment will occur due to the process of Intra-uterine perfusion of granulocyte- colony stimulating factor (G-CSF), but the common man will gain the benefit from your help and the knowledge of this research work.

# 4. Confidentiality: -

All the information& the confidentiality of the patient will be kept safe. All information forms (clinical sheets) and consent forms of the patients shall remain confidential. All the samples derived from the patients will be known by their code number. Samples and all forms will be

used only for the scientific purpose only. If you have any kind of the doubt and question related to the study these will sorted be out by investigator/ researcher.

# 5. Voluntary contribution: -

Your role is completely voluntary and you have the right not to take part or to isolate yourself at any time from this study without telling any reason to us. If you do not take part in this study no alteration on your treatment will occur.

**6. Payment for the contribution:** - Expenditure on all kind of the research work will be maintained by the investigator/ researcher, regarding this you will not have to furnish any kind of the payment and will not get any kind of imbursement from us.

### 7. Consent: -

I hereby declare that I read and understand all the information (in the language which I understand or someone told me by reading this consent form) related to the study. I got the chance to sort out any doubt and question. I know that I have the right not to take part or isolate myself at any time from this study without telling any reason. The pre-filled syringes of granulocyte- colony stimulating factor (G-CSF) will be attached to the catheter and slowly instilled into the uterine cavity by the doctor. There will not any harmful effect be exerted on my treatment. I am ready to give the permission for intra-uterine perfusion of Granulocyte- Colony stimulating factor (G-CSF) to improve endometrial lining response.

Patient's name-		Signature of the witness			
Date	N	ame-			
Signature/ Thumb impression					
(Patient and Husband/)					
	α• .	0 T	4		

Signature of Investigator

Principal Investigator

**Dr. Sudha Prasad**(**Dir. Professor & IVF Coordinator**)
IVF and Reproductive Biology Centre
Department of Obs. & Gynecology
MAM College & LN Hospital
New Delhi-110002 INDIA
Phone Number- 011-23232400 ext 4508

-011-23239271 ext-328,329

E-mail address- ivfmamc@gmail.com