 2024 CONSENT FORM FOR OOCYTE ASPIRATION

AUTHORIZATION AND CONSENT:

TRANSVAGINAL ULTRASOUND-GUIDED FOLLICLE ASPIRATION

Transvaginal ultrasound-guided follicle aspiration (TVA) is a procedure that is used to collect an oocyte(s) (egg) directly from an ovarian follicle. Intracytoplasmic sperm injection is then performed on the oocyte(s) using fresh or frozen semen, and then cultured to the possible embryo stage. The TVA procedure involves placing a transvaginal ultrasound probe into the vagina of the mare to allow imaging of the ovarian follicle. Following placement of the probe, and using the ultrasound image as a guide, a needle is advanced into the follicle, which allows the follicular fluid and oocyte to be collected. Although the procedure is minimally invasive, there are risks. The procedure involves transrectal manipulation of the reproductive tract, so there is the minimal risk for a rectal tear; in addition, although the needle is advanced with ultrasound guidance, there is the potential for the needle to puncture a blood vessel in or around the reproductive tract or to cause infection in the abdomen. Although the risks associated with the TVA procedure are low, they cannot be completely eliminated. To date, all TVA procedures performed by Bronson Veterinary Services have been successful and not had any complications but we want to make you aware of the adherent risks.

I acknowledge that I have read the above, and understand the cited risks. I also understand that no guarantee or assurance can be made of the results that may be obtained with this procedure.

Mare name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stallion’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_