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Government of India
Ministry of Health and Family Welfare
(Department of Health Research)
Notification
New Delhi, the March 2022

G.S.R ... (E)-- In exercise of the powers conferred by Section 43 of the Assisted Reproductive Technology (Regulation) ACT 2021, except as respects things done or omitted to be done before such supersession, the Central Government hereby makes the following regulations namely:-

1. the manner of retrieving the oocytes under clause (a) of section 24;

- i) Clinics shall retrieve oocytes from the oocyte donors after obtaining consent from the donor as specified in Form 1
- ii) The clinics should efforts should be made to retrieve not more than seven to fifteen oocytes from the donor during one cycle. All formed follicles may be retrieved however the Clinics shall ensure the controlled ovarian stimulation of donor woman in order to prevent ovarian hyperstimulation. Preferred over a coasting strategy in patients at risk of OHSS.

2. The manner of placing the oocytes or embryos in the uterus of a woman under clause (b) of section 24;

The gynecologist may transfer preferably one, not more than two embryos, in cases with explainable circumstances three embryos can be placed in the uterus of a woman during the treatment cycle.

FORM - 1

Consent for Oocyte Retrieval

Name(s) and address(es) of commissioning person(s):

Name and address of the Clinic:

I have asked the Clinic named above to provide me with treatment services to help me bear a child. I consent to:

- a) Being prepared for oocyte retrieval by the administration of hormones and other drugs
- b) The removal of oocytes from my ovaries under ultrasound guidance / laparoscopy
- c) The mixing of the following (using technologies such as IVF or ICSI):

<input type="checkbox"/>	My oocytes	<input type="checkbox"/>	the sperm of my husband
<input type="checkbox"/>	donor oocyte	<input type="checkbox"/>	donor sperm

- d) the transfer in my _____ of
 - 1. _____ (no) of the oocytes mixed with the sperm
 - 2. _____ (no) of the resulting embryos
 - 3. _____ (no) of our cryo-preserved embryos
 - 4. _____ (no) of embryo(s) obtained anonymously

(Tick the appropriate and strike off the others)

I/We had a full discussion with _____ about the above procedures and I have been given oral and written information about them.

I/We consent that I/we shall be the legal parent(s) of the child and the child will have all the legal rights on me, in case of gamete donation.

I/We have been given a suitable opportunity to take part in counselling about the implications of the proposed treatment.

The type of anaesthetic proposed (general / regional / sedation) has been discussed in terms which I have understood.

Endorsement by the ART Clinic

I / we have personally explained to _____ and _____ the details and implications of her signing this consent / approval form, and made sure to the extent humanly possible that she understands these details and implications.

Signature of Commissioning Person

Name, address and signature
of the Witness from the clinic

Name and signature of the Doctor

Consent of Husband / Partner (as and if applicable)

As the husband/partner, I consent to the course of the treatment outlined above. I understand that I will become the legal parent of any resulting child, and that the child will have all the normal legal rights on me.

Name, address and signature: _____
(Husband)

Name, address and signature
of the Witness from the clinic: _____

Name and signature of the Doctor: _____

Dated