

Statement of Consent

Throughout the process of try to get a [requested sterilization method] I have been counseled on the risks and implications of this surgery. As a result, I declare that I understand and accept the following and implications. I declare that I am of sound mind and am not being coerced into this statement or the procedure. I am aware this document may require amendments should anything written prove to be incorrect.

This is a permanent procedure. It is designed to be irrevocable and irreversible. Any reversible attempts would have a limited chance of success. By choosing [requested sterilization method], I acknowledge that I would be effectively eliminating the chance of a successful reversal.

Approximately 20.3% of women who are sterilized under the age of 30 express regret; note that the rates of regret are much lower for nulliparous women (CREST). Despite this finding, I am confident and sure in my mind that I do not and will not ever want to experience pregnancy or childbirth for the reasons outlined throughout the binder accompanying me to this consultation.

According to the book Assisted Reproductive Technology in the US, In Vitro Fertilization (IVF) has at best a 37% success rate which, in practice, averages out to about 25%. Therefore, I am aware that IVF will be unlikely to produce a child after I have a [requested sterilization procedure]. I am also aware that IVF will cost between \$8,000-\$15,000 per cycle and that many IVF clients spend over \$100,000 for the treatment, with some concluding treatment without brining a single viable pregnancy to term.

I understand that this is an elective procedure and there are other reversible contraception methods which have comparable success rate such as IUD, Nexplanon, Depo Shot, etc. I am not interested in non-permanent contraception because I want a permanent solution to my fertility.

I understand that [requested sterilization procedure] may require general anesthetic and prolonged recovery time. I understand the risks of surgery which may include hemorrhage, sepsis, localized infection, bowel injury, vascular injury, pelvic inflammation, and even death. I understand that there is a chance of failure which can occur many years after the procedure. I understand there is a risk of ectopic pregnancy which may require further surgery. I accept all of the risks.

I understand that vasectomy is a viable option for my [current or potential] partner, however I am an autonomous adult who exercising the right to make a permanent decision about her reproductive system.

Signed,

[Your Full Name]

Signature

Date