



CONSENT FOR ARTIFICIAL INESEMINATION WITH DONOR SPERM

I, _____ (Female Partner) and _____ (Partner, Spouse) authorize the California Center for Reproductive Health (CCRH) and its physicians, Dr. Eliran Mor, Dr. Irene Woo, and whomever they may designate as assistant(s), to use *donor sperm* for one or more intrauterine inseminations (IUI) (artificial insemination with donor sperm=AID) on the female partner for the purpose of making her pregnant. I/We each agree that any child resulting from this procedure(s) will be treated in all respects as my/our natural child.

I/We understand indications for use of donor sperm may include but not limited to: situational (no partner or same sex couple), male partner is azoospermic (has no sperm), male partner is unable to produce satisfactory semen sample, or male partner has medical and/or genetic indications not to use male partner's sperm.

I/We acknowledge that I/we have been given information regarding various sperm banks, and ordered donor sperm from a sperm bank of our choosing. The choice of sperm bank, sperm donor, and all other aspects of procurement of semen sample(s) was entirely voluntary and of my/our choosing. I/We understand that CCRH, Dr. Mor, Dr. Woo, or their associates do not warrant or guarantee the qualifications of chosen donor.

I/We acknowledge and understand that the chosen sperm donor has been screened pursuant to standards now recognized and recommended by local and federal guidelines. However, I/We acknowledge that the screening process is not fully comprehensive and that preventing every genetic, infectious, or other disorder in the resulting offspring through comprehensive screening of sperm donors is impossible. As such, I/We acknowledge, understand and accept that any future harm resulting from this insemination may not now be known or preventable.

Local and federal licensing guidelines for sperm banks require mandatory infectious disease screening of sperm donors. However, a remote possibility of transmitting infectious diseases to the female partner or fetus via AID still exists. I/We acknowledge that the insemination procedure carries with it risk of transmission of infectious diseases such as Hepatitis, Human Immunodeficiency Virus (HIV), Syphilis, and others.

The collection, processing, freezing, and storage of donor semen samples is performed by each sperm bank according to that bank's protocols. Furthermore, the patient or the sperm bank is responsible for the delivery of donor sperm vials to CCRH in a timely fashion prior to the AID procedure. I/We acknowledge that CCRH cannot guarantee that the sperm was collected, processed, frozen, stored, or delivered in the proper manner, and as such CCRH cannot guarantee the quality of semen samples received from the sperm bank, or that semen samples will survive the thawing process.

Furthermore, I/we recognize that upon thawing semen samples no guarantee can be made that the sample will be suitable for insemination. Additionally, I/we acknowledge that if AID is performed, no guarantee can be given that a pregnancy will result, that the pregnancy will result in delivery, or that the delivery will result in a healthy child. Miscarriage rates, pregnancy complications and birth defects occur at similar prevalence following AID as with spontaneous conceptions. However, I/we understand that if a pregnancy results from the AID procedure, the pregnancy may be subject to complications such as miscarriage, ectopic pregnancy, preterm delivery, and others. A separate consent for Intrauterine Insemination must be signed before AID can be performed.

With full knowledge of the above, I/we hereby state my/our express agreement and intent that I/we shall conclusively be presumed to be the sole legal parent (s) of any fetus(es) and/or child(ren) resulting from the insemination procedure. As the legal parent(s), I/we hereby agree to assume all parental, custodial and testamentary rights and obligations with respect to such fetus(es) and/or child(ren). I/we acknowledge that I/we have had an opportunity to consult independently with legal counsel.

Acknowledgement of Parental Relationship

According to California law (Family Code 7613), if a woman conceives through assisted reproduction with semen donated by a donor not her spouse, with the consent of another intended parent, that intended parent is treated in law as if he or she were the natural parent of a child thereby conceived. Furthermore, if a physician performs an insemination with donor sperm, the provider of that sperm is considered a donor and does not have any parental rights or responsibilities.

Release of Liability

I/We hereby release the California Center for Reproductive Health, physician and employees and agents thereof from claims and/or liability arising out of or in any way connected with my/our voluntary participation in the intrauterine insemination treatment with use of donor sperm.



California Center for Reproductive Health

Initials

Certification of Informed Consent for Intrauterine Insemination (IUI)

Your signature below indicates that you have read the preceding consent, that you have had the opportunity to ask questions, and that your questions have been answered to your satisfaction.

PATIENT NAME (print)

PATIENT SIGNATURE

DATE

PARTNER NAME (print)

PARTNER SIGNATURE

DATE

WITNESS (print)

WITNESS SIGNATURE

DATE