



## INFORMED CONSENT OF RECIPIENT OF 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 fertilization of the female partner's eggs as part of IVF (in vitro fertilization) treatment. 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.

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 In Vitrotech laboratory in a timely fashion prior to the egg retrieval 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.

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 donor sperm may not now be known or preventable.

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 IVF 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 in vitro fertilization treatment with use of donor sperm.

### **PLEASE CHECK IF APPLICABLE:**

I request and authorize that donor sperm be used to fertilize my eggs.

My female partner and I request and authorize that donor sperm be used to fertilize my eggs.

My male partner and I request and authorize that donor sperm be used to fertilize my eggs.

**Certification of Informed Consent for use of Donor Sperm for Assisted Reproductive Techniques**

Your signature below indicates that you have read the preceding consent, and that you understand the potential risks and benefits of using donor sperm to fertilize female partner's eggs, and 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**

**ADDENDUM FOR MIXED DONOR SPERM**

We request and authorize the following :( Please initial appropriately)

Male    Female

- 1.    \_\_\_\_\_    \_\_\_\_\_    That some of the female partner’s eggs will be inseminated with donor sperm only.
- 2.    \_\_\_\_\_    \_\_\_\_\_    That the remainder of the eggs will be inseminated with male partner’s sperm only.
- 3.    \_\_\_\_\_    \_\_\_\_\_    That should the eggs be inseminated by male partner’s sperm fail to fertilize, these remaining eggs be reinseminated by the donor sperm.

We request and authorize the following:

Male    Female

- 1.    \_\_\_\_\_    \_\_\_\_\_    That the eggs fertilized by the male partner’s sperm be transferred into female partner’s uterus.
- 2.    \_\_\_\_\_    \_\_\_\_\_    The eggs fertilized by donor sperm be transferred into female partner’s uterus.
- 3.    \_\_\_\_\_    \_\_\_\_\_    That both eggs fertilized by donor sperm and male partner’s sperm be transferred into female partner’s uterus.

**FEMALE PARTNER**

**DATE**

**PARTNER**

**DATE**

**WITNESS**

**DATE**