

CONSENT FOR ARTIFICIAL INESEMINATION WITH DONOR SPERM

I, _____ (Female Partner) and _____ (Partner, Spouse) authorize the Reproductive Fertility Center (RFC) and its physician, Dr. Peyman Saadat, and whomever he 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 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) is entirely voluntary and of my/our choosing. I/We understand that RFC, Dr. Saadat or his 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 RFC in a timely fashion prior to the AID procedure. I/We acknowledge that RFC cannot guarantee that the sperm was collected, processed, frozen, stored, or delivered in the proper manner, and as such RFC 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.

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