

INTRAUTERINE INSEMINATION INFORMED CONSENT

I, _____ and _____ authorize our physician, Dr. Peyman Saadat, and whomever he may designate as assistant(s), to use sperm for one or more intrauterine washed artificial inseminations (IUI) on the female partner for the purpose of making her pregnant. I/We each agree that any child resulting from this procedure will be treated in all respects as my/our natural child. I/We understand there is an absolute requirement that the male partner be tested for HIV, HTLV, Hepatitis B, Hepatitis C and Syphilis prior to an IUI being done. If the male partner's HIVF test is positive, no IUI will be done and the couple will be referred for counseling. If any of the other transmissible disease screens are positive, counseling must take place and be documented prior to proceeding with an IUI.

Conception of child with birth defects: I/We hereby acknowledge the fact that within the normal human population, a certain percentage of children (approx. 3-5%) are born with physical or mental defects. Children born from IUI are comparable to those conceived normally and, although no incidence of congenital abnormalities have been noted to date, this remains a possibility. An incidence of congenital malformations in about 2-4% of all pregnancies is normal and expected. Genetic counseling and amniocentesis or Chorionic villi sampling (CVS) is advised if family history indicates, or if maternal age is over 35 years. It cannot assure against the possibility of the presence of a disorder, handicap or infection. I/We acknowledge and agree that my physician shall not be responsible for, nor have given, any guarantee or warranties of fitness of the male partner's sperm or for the physical or mental characteristics of any child or children conceived or born.

I/We understand and acknowledge that if pregnancy results from the use of intrauterine insemination, there is a possibility of complications from childbirth or delivery, as well as the possibility of other adverse consequences. I/We voluntarily assume the risk of the occurrence of such complications or other adverse consequences.

I/We understand and acknowledge there is a possibility of spontaneous abortion and ectopic pregnancy with artificial insemination.

I/We understand and acknowledge that no one from Beverly Hills Reproductive Fertility Center has guaranteed that child a child will result from any of this procedure (IUI).

I/We agree that the nature and purpose of this procedure and its possible complications have been explained to me/us adequately.

Patient Signature

Date

Partner Signature

Date

Witness

Date