

Couple Consent to Known Donor Insemination

I, _____, (the wife) authorize Dr. _____ (M.D.) or his/her assistants, to perform one or more artificial inseminations on me with sperm obtained from a known donor for the purpose of making me pregnant.

I, _____, (the husband), request said doctor to perform the artificial insemination on my wife using sperm from a known donor. We understand that the sperm produced by the donor shall be used for the sole purpose of producing a pregnancy for _____ (wife) and shall not be used for any other person, research project or other purpose.

We understand that the semen donor will not be treated as the father of our child, (under New York State law) if we conceive. The donor has no legal claim or responsibility for any child conceived using his sperm. We hereby declare that any child or children born as a result of artificial insemination performed on the wife shall be accepted by both of us as the legal child of our marriage.

If we decide to discontinue using the sperm from our donor at any time, we understand that we must present a notarized statement to destroy said sperm. We agree to pay storage fees for any specimens stored at Rochester Regional Cryobank until such time as they are used or destroyed.

All donors are screened according to the New York State Department of Health regulations for gamete banks (NYS Part 52, Title 10). This process includes an interview, physical examination, semen analysis, cultures and blood tests. All donors are initially tested for blood type, hepatitis B, hepatitis C, syphilis, chlamydia trachomatis, cytomegalovirus, gonorrhea, HIV – 1, 2 (viruses that cause AIDS) and HTLV 1 (virus which may cause leukemia, Lymphoma or spinal cord disease). All semen is frozen and quarantined for a minimum of six months, and the donor retested for all of the above (except blood type) after the six months. Following a negative retest, the semen can be released for insemination. Although the donors have been screened, there remains a risk of infection with the use of donor semen.

We understand that there is no guarantee that these inseminations will result in a pregnancy. We also acknowledge that if a pregnancy results, there is no assurance that the pregnancy will be successful. Any pregnancy, including those resulting from artificial insemination, includes the risk of miscarriage, ectopic or tubal pregnancy, prematurity, or other complications of labor and delivery.

The donors have completed a genetic screening form. Tests have been performed for cystic fibrosis and, if appropriate, for hemoglobinopathies and Tay Sach's disease. Nonetheless congenital anomalies or birth defects can occur in children born after artificial insemination; the frequency is similar to the general population. The University of Rochester, Rochester Regional Cryobank and Andrology Laboratory, its employees, representatives, agents and affiliated physicians, and the donors assume no responsibility

for the physical and mental characteristics of any child or children born as a result of artificial insemination.

We understand that the actual insemination will be done by my gynecologist, Dr. _____, and we have signed the appropriate consent form from his/her office consenting to this procedure. If our physician is not available to perform the insemination procedure at a specified time, we may request a qualified member of the division of reproductive endocrinology-Infertility to perform such a procedure for me, provided that the appropriate authorization is received from my gynecologist.

We hereby release Rochester Regional Cryobank and Andrology Laboratory, the University of Rochester, its employees, representatives, agents, affiliated physicians and the donors from any liability which may arise out of the collection and processing of semen.

The insemination will be performed by placing the thawed semen on the cervix (intracervical insemination) or within the uterus (intrauterine insemination). Intrauterine insemination (IUI) is more costly but it has a higher pregnancy rate. The risks of the actual insemination include cramping, spotting, vaginal or pelvic irritation, inflammation or infection, and allergy to materials used to preserve or prepare the sperm. The alternatives to insemination are not to be inseminated at all, other infertility treatments or adoption. We may decline the insemination at any time without jeopardizing our future medical care.

We have read this form and understand its contents. We acknowledge that we have had an opportunity to ask questions and those questions have been answered to my satisfaction.

Recipient's signature _____

Date _____

Recipient's name (printed) _____

Husband's signature _____

Date _____

Husband's name (printed) _____

Witness _____

Date _____

Witness' name (printed) _____