

## IVF Consent for the use of Donor Sperm in In Vitro Fertilization

(Patient) \_\_\_\_\_ and

(Partner) \_\_\_\_\_ do

authorize (Physician) \_\_\_\_\_

to use frozen sperm from an anonymous donor to inseminate some/all of the wives/egg donor's oocytes recovered during our in vitro fertilization (IVF) cycle.

We understand that even though fertilization of the oocytes may occur, a pregnancy will not necessarily result. If a pregnancy does result, there is no assurance that the pregnancy will go to full term. It has been explained to me that any pregnancy, including one which results from the fertilization of my oocytes by a sperm donor, includes the risk of miscarriage, prematurely, complications in labor and delivery, and congenital anomalies or birth defects.

We authorize the IVF laboratory supervisor to select the sperm donor after consultation with us. We hereby release the Strong IVF program, the University of Rochester Medical Center, and the donor from any liability which may arise out of the collection and processing of the semen. We acknowledge that the identity of the donor of semen is confidential and that this information cannot be made available to us or to any resulting offspring. All donors initially have been screened for normality of sperm (semen analysis), HIV-1 and HIV-2 antibodies, hepatitis B surface antigen and core antibody, hepatitis C antibody, syphilis, SGOT, SGPT and HTLV-1. Each donor's semen is also tested when chlamydia, trichomonas, candida and actinomyces are tested when indicated. Each donor has a complete physical examination by a physician. Staff physicians including a clinical geneticist evaluate the medical and genetic history. Jewish, Mediterranean and Black donors are tested for Tay-Sachs and Gaucher, thalassemia, and sickle cell anemia and other hemoglobinopathies respectively. All donors are tested for cystic fibrosis with a DNA-based test that detects 85% of cystic fibrosis carriers in non-Jewish Caucasians and 95% in the Jewish populations. In addition, all donors have a full karyotypic analysis. Each semen specimen is evaluated individually both pre-freeze and post-thaw. Any specimen not meeting the minimum standard requirements is discarded. All specimens are quarantined for six months for HIV and hepatitis C antibody, and resettled before release. Donors are tested for HIV-1 and HIV-2 antibody, hepatitis B surface antigen, and Hepatitis C antibody every 30 days. Semen cultures are performed every 3 months, and complete serology including HIV by PCR are repeated every six months.

We acknowledge that, although the donor has been screened negative; there is a risk, although minimal, of infection with the use of donated sperm. We also acknowledge that we as recipients have not been screened for the transmitted infections, except for HIV, hepatitis B and C.

We hereby declare that an child or children born as a result of a pregnancy following the use of donated sperm in our IVF cycle shall be accepted as the legal issue of our marriage.

(Patient) \_\_\_\_\_

(Partner) \_\_\_\_\_

(Physician) \_\_\_\_\_

(Date) \_\_\_\_\_