

INSTRUCTIONS:

This consent reviews the considerations for using donor sperm. In addition to this form, you will be required to review the informed consent forms for the specific procedure for which you are using the donor sperm.

- Read this consent completely before signing on page 2. If you have any questions, please speak with your doctor. Treatment cannot be started until all consents are signed.
- Consents must be signed in front of a Genetics & IVF (GIVF) staff member or a Notary Public, or through a GIVF-initiated ID verified DocuSign.

The use of donor sperm in either an insemination or in vitro fertilization procedure has been practiced for many years for the treatment of male factor infertility or in the absence of a fertile male partner. The source of the donated sperm can be from a non-identified (anonymous) donor through a sperm bank, or from an identified (directed) donor who is known to the recipient but not a sexually intimate partner.

Donor sperm insemination is usually performed by a physician or other medical professional in an outpatient physician office setting. Donor sperm may also be used with in vitro fertilization where unfertilized eggs will be inseminated in a lab with donor sperm and the resulting embryo(s) will be either cryopreserved and stored or transferred to the patient or a gestational carrier.

PRE-TREATMENT CONSIDERATIONS

Donor Screening

Non-Identified Donor Sperm: Intended Parent(s) will need to purchase the samples directly from the sperm bank and arrange to have them shipped to GIVF, if necessary. All questions about the donor screening and testing should be directed to the sperm bank from which the samples are obtained.

Identified Donor Sperm: The Food and Drug Administration (FDA) requires that identified donors be screened and tested as tissue donors. Individuals who do not meet certain FDA criteria may be excluded from anonymous donation, but not necessarily from directed donation, provided the treating provider and recipient are informed of the risks and affirmatively consent to use of the donor specimens.

Recipient Screening

Prior to using donor sperm, Intended Parent(s) may undergo screening that includes psychological counseling, a medical history and physical examination, and blood tests. If the results of all screening tests are acceptable, treatment with donor sperm can proceed.

The use of an Identified/Directed Donor can be more complex medically, legally, socially, and has more familial complexities than using donor semen from a sperm bank. Accordingly, GIVF highly recommends that intended parents and the Directed Donor work with legal and mental health professionals with expertise in this area prior to any fertility treatment.

RISKS & CONSIDERATIONS

Failure to Achieve Pregnancy

There is no guarantee that this treatment will result in a pregnancy. The chance of achieving pregnancy with donor sperm is dependent upon the specific treatment type a patient is undergoing, and upon their age and infertility diagnosis. Your physician can review pregnancy success rates based on individual characteristics.

Confidentiality

Except as required by law, all information about recipients of donor sperm obtained during this treatment will be handled confidentially and neither the patient’s identity nor their specific medical or psychological details will be revealed by GIVF.

Legal Considerations

Any questions about the legal status of the donor, recipient, and/or intended parent(s) should be directed towards individual legal counsel. GIVF encourages Intended Parent(s) to seek legal consultation about the specific parentage laws in their jurisdiction(s) before utilizing donor sperm.

Assisted Reproductive Procedures

The procedures for intrauterine insemination and in vitro fertilization are discussed in their respective informed consent forms, which will need to be reviewed and signed.

ACKNOWLEDGEMENT & ACCEPTANCE OF INFORMED CONSENT

I/we have read the entire “Informed Consent for Use of Donor Sperm,” and have been informed of the available alternatives, and risks and benefits of such alternatives have been advised of the risks and benefits of undergoing the procedures required and the possible alternatives thereto and have had the opportunity to ask any questions. This information has been supplemented by my/our consultation with my/our medical team. I/We have had the opportunity to ask questions and all my/our questions have been answered to my/our satisfaction. I/We understand that there is no guarantee that pregnancy will occur, and if pregnancy does occur, there is no guarantee that it will proceed to livebirth.

I/We understand this Informed Consent for Use of Anonymous Donor Sperm will remain in effect until one of the following events occurs: one (1) calendar year has passed from the date of signature; death of patient; or written notice to GIVF of withdrawal of consent by the patient and/or the patient's partner, if applicable.

PATIENT:	PARTNER:	<input type="checkbox"/> N/A
Signature: _____	Signature: _____	
Printed Name: _____	Printed Name: _____	
Date: _____	Date: _____	

GIVF Witness Name: _____	Signature: _____
Title: _____	Date: _____

Consents signed outside the Practice must be notarized and dated

PATIENT:

City/County of _____

State/Commonwealth of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____ by
_____ (Name of person seeking acknowledgment)

Notary Public's signature: _____

Notary registration number: _____

My commission expires: _____

PARTNER:

N/A

City/County of _____

State/Commonwealth of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____ by
_____ (Name of person seeking acknowledgment)

Notary Public's signature: _____

Notary registration number: _____

My commission expires: _____