

INSTRUCTIONS:

This consent reviews the considerations for using anonymous donor sperm for either an insemination or in vitro fertilization procedure. In addition to this Donor Sperm Consent 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 informed consent document completely before signing the **Acknowledgement & Acceptance of Treatment & Informed Consent** on page 2. Do not make any changes to the consent.
- If you have any questions, please speak with your doctor. Treatment **cannot** be started until all consents are signed in front of a Genetics & IVF Institute (GIVF) staff member or a Notary Public and returned to GIVF

The use of anonymous donor sperm in either an insemination or in vitro fertilization procedure has been utilized for many years for the treatment of male factor infertility or in the absence of a fertile male partner. Donor sperm may be used in cycles that are natural or stimulated to produce egg growth.

Donor sperm insemination is usually performed by a physician or other medical professional in an outpatient physician office setting, with semen acquired from a licensed sperm bank. Donor sperm may also be used with in vitro fertilization where unfertilized eggs will be inseminated in a lab with donor sperm and some of the resulting embryos will be transferred to the patient or a gestational carrier.

PRE-TREATMENT CONSIDERATIONS

Donor Screening

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.

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.

RISKS & CONSIDERATIONS

Failure to Achieve Pregnancy

The chance of achieving pregnancy with donor sperm is dependent upon whether patients are undergoing unstimulated or stimulated insemination or in vitro fertilization, and upon their age and infertility diagnosis. The most common reason for needing donor insemination is an Intended Parent(s) with absence of functional sperm. In most cases there is no reason to believe that the patient has a fertility problem and because of this, it may not be necessary for patients to undergo complete fertility testing before starting treatment. Your physician can review pregnancy success rates based on your 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 Using an Anonymous Donor's 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:

Signature: _____

Printed Name: _____

Date: _____

PARTNER:

Signature: _____

Printed Name: _____

Date: _____

N/A

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: _____