

**CONSENT TO ARTIFICIAL INSEMINATION  
WITH  
DONOR SPERM  
(SINGLE WOMAN)**

I, \_\_\_\_\_, am a single woman and am over the age of eighteen years. I request and authorize Dr. H. Christina Lee and/or such assistants as she may designate to use the services of the Family Fertility Center to perform artificial insemination upon myself with sperm from \_\_\_\_\_ (an anonymous donor or name of designated donor) with the intent of making myself pregnant.

The following steps are generally included in this procedure. Dr. H. Christina Lee may add, delete or modify any particular or all steps when deemed medical necessary.

- a. Suitability of myself as candidate for this procedure will be determined by standard infertility testing.
- b. I shall undergo screening for sexually transmitted diseases.
- c. I am strongly recommended and urged to undergo psychological counseling with a licensed counselor of my choice.
- d. I shall be responsible to secure from a sperm bank of my choice all information regarding the recruitment and screening of sperm donors.
- e. I shall be responsible to select, after discussion with my designated sperm bank, a sperm donor whose physical and mental characteristics are compatible with those of myself or my preferences.
- f. I shall be responsible to arrange the shipping of sperm sample(s) from the sperm bank of their choice to the Family Fertility Center prior to insemination. It is the sole responsibility of myself to inform the Family Fertility the number of samples ordered, the donor identification number, and the anticipated date of arrival of the sperm sample(s) prior to its shipment.
- g. Sperm sample(s) will be stored in liquid nitrogen at the Family Fertility Center until it is time for insemination. **Family Fertility Center will NOT accept any sperm sample for storage until a separate consent titled: Consent to short term storage of donor sperm at the Family Fertility Center is completed, signed and returned to Family Fertility Center.**
- h. I shall be monitored for optimal timing of insemination. This may require basal body temperature measurement, urine ovulation prediction test, ultrasound examination, blood test, and/or use of fertility medication(s).

I understand that there are risks and discomforts associated with this procedure, including but not limited to:

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- a. discomfort associated with the insemination of sperm into the uterus,
- b. risk of infection of the pelvic organs from the insemination procedure, and
- c. discomfort with ultrasound and securing blood samples for testing.

I understand that if pregnancy is established that the normal possibility exists of complication during pregnancy and childbirth, e.g. miscarriage, ectopic or tubal pregnancy, stillbirth, congenital abnormalities, and that there is a normal chance of the birth of an abnormal infant or of adverse consequences.

Although both myself and the sperm donor might have been screened for genetic disease and/or sexually transmitted diseases including hepatitis, syphilis and HIV, I understand that it is possible that these tests could be negative despite the possibility of a genetic abnormality or the presence of an infectious virus. I understand that even with appropriate and currently available screening procedures for genetic defects or sexually transmitted disease, the risks of genetic defects or infection cannot be entirely eliminated.

I understand that neither Dr. H. Christina Lee nor the Family Fertility Center can be responsible for the physical and mental characteristics of the child or children produced by this method.

I understand that neither Dr. H. Christina Lee nor the Family Fertility Center can be responsible for the recruitment, screening, and anonymity of the sperm donor as the sperm sample is obtained by me directly from the sperm bank of my choice. It is my responsibility to ensure that these issues are addressed to my satisfaction prior to the actual procurement of any sperm sample.

I understand that with any technique necessitating mechanical support systems, equipment failure can occur. Dr. H. Christina Lee, the Family Fertility Center, and its staff are not to be held liable for any destruction, damage, or improper freezing, maintenance, storage, thawing and/or delivery caused by or resulting from any malfunction of freezing equipment, storage tank, failure of utilities, any fire, wind, earthquake, water, or other acts of God.

I accept these procedures as my own voluntary act and acknowledge that a child or children produced are the legitimate children of myself and are my heir or heirs with all the rights and privileges accompanying such status. I accept my obligation to and agree

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to care for, support and otherwise treat a child or children born as a result of this procedure in all respects as if were my natural born child or children.

I understand that insurance coverage for all or any part of this procedure may not be available and acknowledge my personal responsibility for payment of costs of this procedure including sperm samples, medications, laboratory and ultrasound charges, physician's professional fees and the cost of the treatment of any complication which may result from this procedure.

I, on behalf of myself, on behalf of offspring born as a result of this procedure, and on behalf of their heirs, executors, administrators, successors, and assigns, hereby fully release and discharge Dr. H. Christina Lee, the Family Fertility Center, and its staff from all claims and actions that I, our offspring and their above mentioned successors now or hereafter may have arising out of the proposed procedure.

I hereby agree to indemnify and hold harmless Dr. H. Christina Lee, the Family Fertility Center and its staff, and their successors, assigns, heirs, and executors and administrators from and against any and all liability, in connection with any claim brought by me, my offspring, or any other person or entity in connection with the proposed procedure.

I have had the opportunity to read and to ask questions about the contents of this consent form titled: Consent to artificial insemination with donor sperm. My questions have been answered to my satisfaction. I fully understand the information provided in this document. I execute this consent form freely and voluntarily. I have not relied on any inducements, promises, or representations made by Dr. H. Christina Lee, the Family Fertility, or its staff. By my signature below, I am indicating my consent to treatment with artificial insemination with donor sperm

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Print name of patient

Signature

Date

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The foregoing was read, discussed, and signed in my presence, and in my opinion the person signing did so freely, and with full knowledge and understanding.

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Print name of witness	Signature	Date
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I have explained to the above individual the nature and purpose of the procedure; the potential benefits, and possible risks associated with participation in this procedure. I have answered all questions that have been raised by the above individual.

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Ha-Lin Christina Lee, M.D., J.D.	Signature	Date
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