

**CONSENT TO INTRAUTERINE INSEMINATION (IUI) 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 intrauterine insemination (IUI) upon myself with sperm from

(check one of the following two choices)

an anonymous donor, or

a directed donor _____ (name of directed sperm donor)

with the intent of making myself pregnant.

Intrauterine insemination (IUI) is a procedure that places sperm past the cervix and into a woman's uterus around the time of ovulation. This makes the passage to the fallopian tubes much shorter, and there is a better chance that more sperm will encounter the egg.

https://www.reproductivefacts.org/globalassets/rf/news-and-publications/bookletsfact-sheets/english-fact-sheets-and-info-booklets/intrauterine_insemination_iui_factsheet2.pdf

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. For insemination with anonymous donor sperm**
 - i. I shall be responsible to obtain from a U.S. Food and Drug Administration (FDA) registered sperm bank of my choice all information regarding its standard operating procedures in recruitment and screening of sperm donors, and quarantine of donor sperm.
 - ii. I shall be responsible to select from the sperm bank of my choice a sperm donor whose reproductive history, carrier screening results, personal and family medical history, social history and other relevant criteria, including but not limited to physical and mental characteristics that are deemed acceptable to me.

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- iii. 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.
- iv. I shall be responsible for the payment of the sperm sample(s) to the sperm bank, and to arrange the shipping of sperm sample(s) from the sperm bank to the Family Fertility Center prior to insemination. It is my sole responsibility to inform the Family Fertility the number of samples ordered, the donor identification number, and the anticipated date of arrival for the sperm sample(s) prior to its shipment.

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.

- v. Sperm sample(s) will be stored in liquid nitrogen at the Family Fertility Center until it is time for insemination. I shall be responsible for the fees incurred with the storage of my sperm samples at Family Fertility Center.

e. For insemination with directed donor sperm

- i. Directed donor must undergo a medical evaluation and tested for relevant communicable disease agent or disease (RCDAD) as required under federal law 21 CFR Part 1271 HCT/P.
- ii. Family Fertility Center reserves the right to determine whether the directed sperm donor is an acceptable sperm donor.
- iii. All parties involved **must** undergo a psychological counseling with a licensed counselor of their choice.
- iv. I shall be responsible to provide Family Fertility Center a copy of a properly executed legal contract with the directed sperm donor prior to insemination. The contract must clarify the rights and duties of all parties involved.

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- v. I must decide prior to treatment with insemination using directed donor sperm whether fresh or frozen directed donor sperm will be used.

(Check one of the following two choices)

the directed donor sperm will be frozen and quarantined for six months, similar to standard protocol for anonymous donor sperm, before the sperm is used for insemination, or

a fresh directed donor sperm sample will be used for every cycle of insemination. If this option is chosen, the directed sperm donor must be checked for RCDAD every cycle as required by federal law 21 CFR Part 1271 HCT/P. Furthermore, such testing must be done within seven (7) days of each insemination.

- f. 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).
- g. Carrier screening for genetic disorder

If I am tested positive for any mutation in a carrier screening test, the sperm donor **must be tested negative for the same mutation(s)** before sperm from the selected donor can be used for insemination.

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.

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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 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 damage, destruction or loss of any of the frozen sperm samples 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 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 for this procedure including purchase of sperm samples, storage of sperm samples at Family Fertility Center, fertility 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 Intrauterine Insemination (IUI) 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

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Fertility, or its staff. By my signature below, I am indicating my consent to treatment with artificial insemination with donor sperm

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.

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.

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