

**CONSENT TO DONATE SPERM FOR QUALITY CONTROL USE ONLY**

I, \_\_\_\_\_, am over the age of eighteen (18) years, voluntarily offer to donate my sperm to the Family Fertility Center (FFC) for the sole purpose of quality control/quality assurance in laboratory testing protocols. I understand my semen will never be used for medical treatment of any kind. I agree and accept that the results of any testing performed on my semen will not be revealed to me under any circumstances.

For the purpose of determining whether I am an acceptable sperm donor, I consent to an inquiry of my medical history, a physical examination, and a semen analysis.

To the best of my knowledge: **(check each box and initial next to each box)**

\_\_\_\_\_ I am in good health; I have no communicable disease; and I do not now, nor have I ever suffered from any physical or mental impairment or disability or ailment, except as follows:

\_\_\_\_\_

\_\_\_\_\_ I am not now, nor have I ever been afflicted with human immunodeficiency viruses (HIV), hepatitis C, hepatitis B, syphilis, gonorrhea, chlamydia, genital herpes, condyloma or any other venereal disease, except as follows:

\_\_\_\_\_

\_\_\_\_\_ I am not now, nor have I ever engaged in behavior recognized to be risk factors for human immunodeficiency virus (HIV) infection. These include but not limited to blood transfusion prior to 1985, prostitution, intravenous drug use, sexual relationship with a partner or partner(s) known to be HIV infected or engaged in behavior generally recognized to be risk factors for HIV infection.

\_\_\_\_\_ I am not now, nor have I ever had alcoholism, drug addiction, or intravenous drug abuse, except as follows:

\_\_\_\_\_  
Name of sperm donor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date