

COUPLE CONSENT FOR ANONYMOUS DONOR INSEMINATION

I, _____, (Wife) authorize the Strong Fertility and Reproductive Science Center to perform one or more artificial inseminations on me with sperm obtained from an anonymous donor for the purpose of making me pregnant.

I, _____, (Husband) authorize the Strong Fertility and Reproductive Science Center to perform one or more artificial inseminations with sperm from an anonymous donor on my wife. We hereby declare that any child or children born as a result of artificial insemination performed on the wife shall be accepted by both of us as a legal child of our marriage. We understand that the donor of the semen will not be treated as the father of our child (if we conceive) under New York State law. The University of Rochester Medical Center and Rochester Regional Cryobank will not divulge the anonymous donor's identity to me (nor my identity to the anonymous donor) unless ordered by court to do so.

All donor and patient records will be maintained by Rochester Regional Cryobank for a period of 25 years where there has been a pregnancy and for 7 years where there was no pregnancy in accordance with NY State Health Department Regulations.

We have had the opportunity to review the list of available anonymous donors, from which we will choose donors to be inseminated with (3-4 if possible). It cannot be guaranteed that the same donor will be utilized for consecutive cycles (months). We understand that it is our responsibility to check donor availability 1-2 weeks before anticipated insemination.

All donors are tested according to the New York State Department of Health regulations for gamete banks (NYS Part 52, Title 10). This process includes an interview, physical examination, semen analysis, cultures and blood tests. All donors are initially screened for blood type, hepatitis B, hepatitis C, syphilis, chlamydia trachomatis, cytomegalovirus, gonorrhea, HIV-1, 2 (viruses that cause AIDS) and HTLV I & II (virus which may cause leukemia, lymphoma or spinal cord disease).

All semen is frozen and quarantined for a minimum of six months, and the donor retested for

all of the above (except blood type) after the six months. Following a negative retest, the semen can be released for insemination. Although the donors have been screened, there remains a risk of infection with the use of donor semen.

We understand that there is no guarantee that these inseminations will result in a pregnancy. We also acknowledge that if a pregnancy results, there is no assurance that the pregnancy will be successful. Any pregnancy, including those resulting from artificial insemination, includes the risk of miscarriage, ectopic or tubal pregnancy, prematurity, or other complications in labor and delivery.

The donors have completed a genetic screening form. Tests have been performed for cystic fibrosis and, if appropriate, for hemoglobinopathies and Tay Sach's disease. Nonetheless, congenital anomalies or birth defects can occur in children born after artificial insemination; the frequency is similar to the general population. The University of Rochester, its employees, representatives, agents and affiliated physicians, Rochester Regional Cryobank and Andrology Laboratory, and the donors assume no responsibility for the physical and mental characteristics of any child or children born as a result of artificial insemination.

We will notify the cryobank of the outcome of each insemination and the outcome of pregnancy resulting from each donor insemination.

We hereby release Rochester Regional Cryobank and Andrology Laboratory, the University of Rochester, its employees, representatives, agents, affiliated physicians and the donors from any liability which may arise from the collection and processing of semen. The insemination will be performed by placing the thawed semen solution within the uterus (intrauterine insemination or IUI). The inseminate solution contains motile sperm in a buffer solution (Human Tubal Fluid or HTF) which contains gentimycin (non-penicillin antibiotic), a protein supplement (Human Serum Albumin or HSA) and glycerin (a cryoprotectant). The risks of the insemination include cramping, spotting, vaginal or pelvic irritation, inflammation or infection, and allergy to materials used to preserve or prepare the sperm. The alternatives to insemination include no treatment, other infertility treatments or adoption. We may decline the insemination at any time without jeopardizing future medical care.

We have read this form and understand its contents. We acknowledge that we have had an opportunity to ask questions and those questions have been answered to my satisfaction.

Partners need not be married to each other, but female partner may not be *legally* married (even if separated) to someone other than the male partner who signs below. We state that _____ (female partner) is not legally married to anyone other than the male partner who signs below.

Recipient signature

Date

Recipient name (printed)

Husband signature

Date

Husband name (printed)

Witness

Date

Witness name (printed)