Informed Consent for Therapeutic Use of Directed Donor Sperm – Subsequent Use

Patient Information:

Patient Name: _____ Date of Birth: _____

I/We have requested to be treated by The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine (CRM) of Weill Cornell Medicine. I/We have chosen to attempt pregnancy utilizing the sperm of a directed donor.

I/We understand that there are many steps involved in the use of directed donor sperm, including cryopreservation of the directed donor's sperm samples, adequate quarantine of these sperm samples (as directed by the regulatory agencies), approval by the clinical and psychological staff of CRM, proper completion of the informed consent process and using the sperm for insemination or in vitro fertilization (IVF). I/We understand that there is no guarantee that pregnancy will occur. I/We also understand that there are some potential risks associated with this procedure, including the possibility that infection could be introduced into the female patient.

The directed donor sperm sample(s) must be frozen by a sperm bank that is licensed by the New York State Department of Health and registered with the Food and Drug Administration (FDA).

During pregnancy and delivery, it is possible that the same types of complications can arise as with a child conceived by sexual intercourse or fertility treatment using the sperm of a male partner. It is also possible that the resulting child(ren) could be born with abnormalities, abnormal traits, disabilities or hereditary tendencies from either biological parent, as could a child conceived by sexual intercourse. In some cases, the birth of a child by this method might also produce psychological problems for me, my family, the donor, the donor's family, or the child(ren).

I/We accept this act as my/our own, and acknowledge my/our obligation to the child(ren), and agree to care for, support and otherwise treat the child(ren) born as a result of this procedure, in all respects, as if it were my/our naturally conceived child.

In accordance with New York State Department of Health requirements and FDA regulations, CRM will maintain medical records for a minimum of ten (10) years after release of semen not resulting in a live birth, and for a period of twenty-five (25) years for a treatment cycle resulting in a live birth. As required by New York State, cycle outcome will be reported to the sperm bank. Please see the Weill Cornell Physicians Notice of Privacy Practices for information regarding your protected health information. I/We understand that I/we may be contacted for a follow-up consultation.

_____	_____	_____	_____
Patient Signature	Print Patient Name	Date	Date of Birth
_____	_____	_____	
Witness Signature	Print Witness Name	Date	
_____	_____	_____	_____
Partner Signature	Print Partner Name	Date	Date of Birth
_____	_____	_____	
Witness Signature	Print Witness Name	Date	