

**Patient Information:** 



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

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

/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.			
donor's sperm samples, adequate quara clinical and psychological staff of CRM, or in vitro fertilization (IVF). I/We unders	eps involved in the use of directed donor spantine of these sperm samples (as directed proper completion of the informed consent stand that there is no guarantee that pregnethis procedure, including the possibility the	I by the regulatory ag process and using the ancy will occur. I/We	pencies), approval by the he sperm for insemination e also understand that there
The directed donor sperm sample(s) muand registered with the Food and Drug A	ist be frozen by a sperm bank that is licens Administration (FDA).	sed by the New York	State Department of Health
ntercourse or fertility treatment using th with abnormalities, abnormal traits, disa	sible that the same types of complications e sperm of a male partner. It is also possil bilities or hereditary tendencies from either birth of a child by this method might also p the child(ren).	ole that the resulting biological parent, as	child(ren) could be born scould a child conceived by
	l acknowledge my/our obligation to the chil result of this procedure, in all respects, as	. ,	• •
for a minimum of ten (10) years after rel treatment cycle resulting in a live birth.	partment of Health requirements and FDA rease of semen not resulting in a live birth, As required by New York State, cycle outor of Privacy Practices for information regard for a follow-up consultation.	and for a period of tw ome will be reported	venty-five (25) years for a to the sperm bank. Please
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	