



INTRAUTERINE INSEMINATION (IUI) CONSENT

Form # MSF- 131 (Oct 2016)

I/We the undersigned, hereby consent to our involvement in the treatments and procedures of **Intrauterine Insemination**, for the purpose of creating a human embryo.

I/We acknowledge that the nature, purpose and contemplated effects of the treatments and procedures have been fully explained to my/our satisfaction by the clinical staff of Mount Sinai Fertility, Mount Sinai Hospital.

The details of the treatments and procedures have also been explained to me/us, including how long they will take, how often the procedures will be performed and any expected discomforts.

I,We understand that:

- a) When ovarian stimulation is used, there are risks including painful ovarian over-stimulation and there is an increased risk of multiple pregnancies, such as twins or triplets.
- b) Every conceived pregnancy has a 3% chance of involving a major congenital abnormality, regardless of whether fertility therapy is used, although many such defects fail to reach term delivery.
- c) While the purpose of these procedures is to establish a viable pregnancy, there is no guarantee of success.
- d) There is a small risk of infection.
- e) Sperm washing may not completely eliminate the risk of transmission of HIV, Hepatitis B or C.
- f) Miscarriage or ectopic pregnancy (pregnancy in the fallopian tube) can result from an IUI pregnancy.
- g) From time to time scientific publications suggest that fertility drugs may increase the risk of ovarian cancer. Medical researchers have been unable to prove any increase in risk, but continue to study this question.
- h) I/We are free to withdraw from the treatments or procedures at any stage prior to the procedure.

I/We have read and understand this agreement, accept its terms, and am/are signing it voluntarily.

Where applicable, Patient 1 refers to the person undergoing the insemination and Patient 2 refers to the sperm provider or the partner of Patient 1.

This consent is valid for one year from the date of signing.

Date Signed (YYYY-MM-DD): _____

Date Signed (YYYY-MM-DD): _____

Patient 1 Signature

Patient 2 Signature

Patient 1 Printed Name

Patient 2 Printed Name

Witness Signature

Witness Signature

Witness Printed Name

Witness Printed Name