



Mount Sinai Fertility

Sinai Health System

Mount Sinai Fertility
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DONOR INSEMINATION CONSENT

Form # MSF- 132 (Oct 2016)

I/We, the undersigned, hereby consent to our involvement in the use of Donor Sperm for intrauterine insemination or insemination of eggs retrieved during In Vitro Fertilization, for the purpose of creating a human embryo. Written consent for use of the donor sperm for the purpose of creating a human embryo was previously acquired by the commercial sperm bank, from the original sperm donor.

I/ We have acknowledged 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 have read the information contained in the "Donor Insemination Program Information Package" and understand it fully including all risks.

I/We agree to the conditions outlined in the document "Donor Insemination Program" and wish to participate in the program. I/We understand that:

- a) I/We shall register the child as my/our child.
- b) I/We shall afford the child all rights including those of support and inheritance as if the child were my/our natural child.
- c) I/We will not seek support for the recipient parent or child from the donor of the semen.
- d) I/We shall not seek a court order declaring the donor to be the parent of the child.
- e) I/We are free to withdraw from the treatments or procedures at any stage.

I/We hereby release Mount Sinai Hospital, its predecessors, successors, affiliates, agents, physicians and employees from any and all claims, liabilities or responsibility which may arise in connection with the selection and use of donor sperm, and the record keeping associated with the donor semen used for insemination, however such liability may arise. The terms of this agreement will be binding on my heirs, successors, executors, administrators, guardians, attorneys, trustees, and me.

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 their partner.

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 (cannot be Patient 2)

Witness Signature (cannot be Patient 1)

Witness Printed Name (cannot be Patient 2)

Witness Printed Name (cannot be Patient 1)