

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Commissioning Couple Intended Parent Intra-Uterine Insemination General and Monthly Consent Form

We, _____ and _____ (Commissioning Couple), or I, _____ (Intended Parent) authorize Dr. Sweet and/or his designee to perform one or more Conventional Surrogacy Inseminations (CSI) on _____ (CS) with the sperm obtained from _____ to be placed via Intra-Uterine Insemination (IUI) for the purpose of making the CS pregnant hereafter abbreviated as the CS-IUI process.

I/We also agree with and have been fully informed of the advantages/disadvantages of one or more of the following:

Intended Parent	Intended Parent	Stipulations (Initial all that apply)
		Use of a freshly prepared semen specimen for the CS-IUI process.
		Use of a cryopreserved/thawed semen specimen without six months of quarantine for the CS-IUI process.
		Use of a cryopreserved/thawed semen specimen with at least six months of quarantine and repeat negative laboratory testing for the standard transmitted diseases.

I/We understand that there is no guarantee that the CS-IUI will result in a pregnancy. I/We further understand that within the normal human population a certain percentage (approximately 4%) of children are born with physical and/or mental defects, and that the occurrence of such defects is beyond the control of physicians. I/We therefore understand and agree that Dr. Sweet's practice does not assume responsibility for the physical and mental characteristics of any child or children born as a result of CS-IUI. We also understand and accept that the CS-IUI procedure carries with it a minimal but potential risk of sexually transmitted diseases including, but not necessarily limited to, chlamydia, gonorrhea, syphilis, herpes, hepatitis and acquired immune deficiency syndrome (AIDS). This agreement, therefore, is not a contract to cure, a warranty of treatment, nor a guaranty of conception. I/We do hereby absolve, release, indemnify, protect and hold harmless from any and all liability for the mental or physical nature of character of any child or children so conceived or born, and for affirmative acts or acts of omission which may arise during the performance of this agreement.

We further agree to adhere to the previously signed agreement regarding my/our intention to release the child to the Commissioning Couple/Intended Parent upon birth.

We have also read and understood the **Conventional Surrogacy Patient Information Packet** and agree to the CSI-IUI process and have had my/our questions answered to our satisfaction before signing any of the signatures below:

_____ Intended Parent Signature	_____ Intended Parent Name (Please Print)	____/____/____ Date:
_____ Partner's Signature (When Applicable)	_____ Partner's Name (Please Print)	____/____/____ Date:
_____ Physician's Signature	_____ Physician's Name (Please Print)	____/____/____ Date:

Updated: 2/7/2010

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