

# Specialists In Reproductive Medicine & Surgery, P.A.

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*Excellence, Experience & Ethics*



## Conventional Surrogate Intra-Uterine Insemination (CS-IUI) **General & Monthly Consent Form**

I, \_\_\_\_\_ (Conventional Surrogate: CS), or we \_\_\_\_\_ (CS) and \_\_\_\_\_ (partner) authorize Dr. Sweet and/or his designee to perform one or more Conventional Surrogacy Inseminations (CSI) on \_\_\_\_\_ (CS) with the sperm obtained from \_\_\_\_\_ (Intended Parent) to be placed via Intra-Uterine Insemination (IUI) for the purpose of making the CS pregnant.

I/We also agree with and have been fully informed of the advantages/disadvantages of one or more of the following [CS and partner (when applicable) to initial]:

- \_\_\_\_\_ Use of a fresh semen specimen for the CS-IUI process
- \_\_\_\_\_ Use of a cryopreserved and thawed semen specimen without six months of quarantine for the IUI process
- \_\_\_\_\_ Use of a cryopreserved and thawed semen specimen with six months of quarantine and repeated negative laboratory testing for the standard transmitted diseases

I/We understand that there is no guarantee that the 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 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/individual 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:

_____ Sperm Recipient's Signature	_____ Sperm Recipient's 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 1/22/2009

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