

Female Patient Name: _____ Social Security #: _____

Partner's Name: _____ Social Security #: _____

Karande & Associates, S.C. doing business as
InVia Fertility Specialists

INFORMED CONSENT – WASHED INTRAUTERINE INSEMINATION

Description, Explanation, and Informed Consent

We, _____, being partners in this relationship, request and authorize INVIA FERTILITY SPECIALISTS and all employees, agents and/or independent contractors of the INVIA FERTILITY SPECIALISTS “personnel” to use sperm from the male partners listed above in connection with one or more intrauterine washed artificial inseminations (I.U.I.'s) on the female partner for the purpose of creating a pregnancy. We understand and agree that in some special circumstances the male partner's sperm may be frozen (cryopreserved). If there is a special circumstance that we have discussed with our physician(s) at INVIA FERTILITY SPECIALISTS and requested the sperm be previously frozen, those arrangements have been made and the appropriate consents have been signed and agreed by us.

We understand that INVIA FERTILITY SPECIALISTS has not tested the male partner's sperm for the presence of transmittable diseases and/or infections, hereditary disorders and/or familial traits. In addition, we also understand that neither one of us (male or female partner) has had complete screening for the presence of transmittable diseases. We understand that there are no tests which will reveal that either one of us may be exposed to a transmittable disease in the future. Because we are partners that exchange bodily fluids, we expose ourselves to no greater risk by undergoing the procedure of I.U.I. than if we were to have intercourse. In addition, INVIA FERTILITY SPECIALISTS shall not be responsible for, nor have given any guarantees of fitness regarding the male partner's sperm or the physical or mental characteristics of any child or children conceived or born.

We also understand that there is no guarantee that these procedures will result in pregnancy. We further understand that within the population where conception occurs naturally (without medical intervention), a certain percentage (approximately 3-5%) of children are born with a physical or mental defect, and that the occurrence of such defects is beyond the control of physicians. We, therefore, understand and agree that INVIA FERTILITY SPECIALISTS' physicians and/or personnel do not assume any responsibility for the physical and mental characteristics of any child or children born as a result of I.U.I. using sperm or cryopreserved sperm, nor for any costs associated with physical or mental defects. We also understand and accept that any pregnancy carries with it numerous risks, including those of obstetrical complications and/or spontaneous abortion.

We understand that if we wish to continue treatment for more than a year from the date below, we will be asked to give informed consent to continue treatment beyond one year and to sign another consent.

It is, of course, understood that even after signing this consent form, the female or male partner may withdraw from the procedure without prejudicing any future therapy or clinical care, and there will be no penalty or loss of benefit to which the female or male partner is otherwise entitled.

All of our questions regarding the INVIA FERTILITY SPECIALISTS Washed Intrauterine Insemination (I.U.I.) Consent have been answered. Each of us had read the consent and acknowledges receipt of a copy of this consent.

Date Signature of Female Patient Female Name – Print

Date Signature of Partner Partner's Name – Print

As one of the members of INVIA FERTILITY SPECIALISTS, by my signature indicate that the foregoing consent was read, discussed, and signed in my presence.

Date Signature of Witness (Female Patient) Witness Name – Print

Date Signature of Witness (Partner) Witness Name – Print

NOTE: If you or your partner are unable to have this consent witnessed by a staff member at INVIA FERTILITY SPECIALISTS or FULLY UNDERSTAND THE CONSENT, please notify INVIA FERTILITY SPECIALISTS' medical staff. We will provide you with further information and a witness. If you wish to sign the consent outside of INVIA FERTILITY SPECIALISTS, please have the consent notarized.

State of _____, County of _____ ss., I, the undersigned, a Notary Public in and for the said County in the State aforesaid; DO HEREBY CERTIFY that

(Female Patient/ Partner)
personally known to me as the same persons whose names are subscribed to the foregoing document appeared before me this day in persons, and acknowledged that he and she signed, sealed, and delivered the said document as his and her free and voluntary act, for the use and purposes therein set forth.

Given under my hand and official seal this _____ day of _____, 20____.

Commission expires on: _____, 20____.

(Notary Public)

(Notary Seal)