California Center for Reproductive Health

**CONSENT FOR INTRAUTERINE INSEMINATION**

I, _____ (Female Partner) and _____ (Partner, Spouse) authorize the California Center for Reproductive Health (CCRH) and its physicians, Dr. Eliran Mor, Dr. Irene Woo, and whomever they may designate as assistant(s), to use sperm for one or more intrauterine inseminations (IUI) (artificial insemination=IUI) on the female partner for the purpose of making her pregnant. I/We each agree that any child resulting from this procedure(s) will be treated in all respects as my/our natural child.

**Procedural Overview**
The IUI procedure may improve a couple's odds for conception in cases of male factor, cervical factor, or unexplained infertility. The IUI procedure may be done mid cycle, when a woman is naturally ovulating, or following ovarian hyperstimulation. On the day of scheduled IUI, a semen sample is obtained from the male partner (by masturbation, collected at home or collected on site), or by thawing previously cryopreserved (frozen) sperm. The semen sample is then processed ("washed") to isolate motile sperm. Next the isolated motile sperm are loaded into an insemination catheter (a soft plastic catheter). A speculum is next inserted into the female patient's vagina to expose the cervix, and the insemination catheter is inserted past the cervical canal and into the uterine cavity, where the sperm are deposited.

**Infectious Disease Testing and Requirements**
I/We understand there is an absolute requirement that the male partner be tested for HIV, HTLV, Hepatitis B, Hepatitis C and Syphilis prior to an IUI being done. If the male partner's HIV test is positive, no IUI will be done and the couple will be referred for counseling. If any of the other transmissible disease screens are positive, counseling must take place and be documented prior to proceeding with an IUI.

**Risks and Benefits**
If the procedure is successful, the benefit of undergoing IUI will be pregnancy, which otherwise would have been less likely.

Some discomfort may be experienced from the IUI catheter, and occasionally a woman may experience mild vaginal bleeding. These symptoms are usually self-limiting and resolve shortly after the IUI procedure.

The risk of infection with IUI is rare, but possible. Symptoms of an infection may include but are not limited to abdominal and/or pelvic pain, fever and/or a vaginal discharge following IUI. Pelvic infection following IUI may lead to tubal disease and scarring, and may require antibiotic treatment.

The IUI procedure carries with it a small but possible risk of sexually transmitted diseases, including but not limited to gonorrhea, syphilis, herpes, hepatitis, and human immune deficiency virus (HIV) and possible Acquired Immune Deficiency Syndrome (AIDS). This risk remains despite mandatory screening of all male sperm donors (male partner/spouse or sperm donor) for infectious disease.

Within the normal human population, a certain percentage of children (approx. 3-5%) are born with physical or mental defects. Children born from IUI are comparable to those conceived normally and, although no increased incidence of congenital abnormalities have been noted to date following IUI, this remains a possibility. An incidence of congenital malformations in about 2-4% of all pregnancies is normal and expected. Genetic counseling and chorionic villus sampling (CVS) or amniocentesis may be advised if family history indicates, or if maternal age is advanced, but it cannot assure against the possibility of the presence of a disorder, or handicap. No guarantee can be given regarding the male partner's sperm or the female partner's egg(s), or for the physical or mental characteristics of any child or children conceived or born following the IUI procedure.

As in naturally conceived pregnancies, pregnancy resulting from the use of IUI may have complications from childbirth or delivery, or other adverse consequences such as spontaneous abortion or ectopic pregnancy.

I/We recognize that no guarantee can be made about the results/success of the IUI procedure performed by CCRH, Dr. Eliran Mor. Dr. Irene Woo, and whomever they may designate as assistant(s). I/We recognize that semen samples may be lost, mishandled, or unsuitable for sperm processing and the IUI procedure. I/We further acknowledge that the IUI procedure may be technically difficult or impossible and may need to be abandoned. If the IUI procedure is performed, I/We understand that no guarantee can be given that a pregnancy will result or that the child(ren) will be delivered successfully or will be normal.

_____ _____
Initials

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**Certification of Informed Consent for Intrauterine Insemination (IUI)**

California Center for Reproductive Health

Your signature below indicates that you have read the preceding consent, that you have had the opportunity to ask questions, and that your questions have been answered to your satisfaction.

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|---|---|---|
| **PATIENT NAME** (print) | **PATIENT SIGNATURE** | **DATE** |
| **PARTNER NAME** (print) | **PARTNER SIGNATURE** | **DATE** |
| **WITNESS** (print) | **WITNESS SIGNATURE** | **DATE** |