CONSENT FOR INSEMINATION USING DONOR SPERM

I/We, __________________________, wish to use the Center’s assistance to become pregnant. I/We have discussed my/our medical condition with physicians at the Center and after discussions have decided to proceed with assisted reproduction using donor sperm.

The insemination procedure has been explained to me/us. I/We understand and agree that sperm will be obtained from a donor. This is done by an outside sperm bank not affiliated with The University of Michigan (UM) meaning UM is not responsible for any testing of the sperm or the condition or suitability of the sperm. It may be that the sperm was not adequately tested for genetic problems, was not properly stored at the facility or properly shipped to UM, or is not a good match for my/our make-up.

I/We have discussed the risks, benefits and alternatives to artificial insemination. I/We have been told that the procedure may not result in a pregnancy. I/We have been told that the risks of the procedure include infection, perforation and/or scarring of the uterus, and UM’s inability to complete the procedure due to anatomical reasons or patient discomfort, among others. The procedure may also include other currently unknown risks. I/we hereby request that the staff at The University of Michigan Health System and its Center for Reproductive Medicine perform one or more inseminations with donor sperm (as necessary) to assist me/us in becoming pregnant.

I/We have discussed and understand the alternative procedures that are available and have decided to proceed with donor insemination.

I/We understand that the potential benefit of the procedure is that I/we may become pregnant. However, I/we understand that there are no guarantees that conception will occur or that any resulting child will be free of mental or physical disabilities.

I/We understand and agree that the insemination procedures may be performed at the Center by a physician, a physician extender, or a physician in training under proper supervision.

I/We understand that more than one attempt at insemination with donor sperm may be required.

I/We fully understand and agree that the physicians and staff at The University of Michigan Health System have not and cannot give any guarantees or warranties regarding the fitness of the sperm or the physical or mental characteristics of any child or children conceived or born. I/We clearly
understand and agree that this document is not a contract to cure, a warranty of treatment, a
guarantee of a healthy child, or a guarantee of conception.

I/We further understand that the sperm to be used will be obtained from a sperm bank not affiliated
with The University of Michigan Health System. The University does not supervise the sperm bank in
any way. I/We specifically understand and agree to accept all risks and expenses related to obtaining
sperm. These risks include but are not limited to the following:

1. Sperm that were not maintained appropriately, wrong specimen, sperm that may contain
   genetic abnormalities, and/or sperm that may no longer be viable. The University does not
   know whether accurate testing or identification of each sample has been done since the
   sperm are furnished by an outside bank.

2. Giving birth to a disabled infant. This includes, but is not limited to, birth defects and other
diseases which may be lethal resulting from risks unrelated to the procedure.

3. Receiving sperm from a donor that has physical and mental characteristics incompatible
   with mine/ours.

I/We have had adequate time to discuss the insemination procedure with the faculty at the Center
and to ask and obtain answers to any questions. I/We have a good understanding of the process and
wish to proceed. I/We understand and accept the risks that have been explained and I/we hereby ask
and permit The University of Michigan Health System, its agents and employees to perform this
procedure for me/us.

I/We release, indemnify and hold harmless The University of Michigan Health System, its agents, and
employees from any and all liability concerning the performance of artificial insemination or for any
defects of any resulting children conceived by the process.

____ It is my intent to raise any resulting child or children as my own on my own.

____ It is our intent to raise any resulting child or children as a couple sharing custody
   and the responsibilities of child raising and support.

____________________  ________________________________
Witness to Signatures  Patient

____/____/____
Date  ________________________________
Partner/Spouse