

**REQUEST AND CONSENT TO OBTAIN SPERM
FOR ARTIFICIAL INSEMINATION**

In consultation with my physician, I request that Allina Hospitals & Clinics (doing business as Abbott Northwestern Hospital Andrology Laboratory) (“Andrology Lab”) provide me with sperm to be used for artificial insemination. As a condition of receiving the sperm from the Andrology Lab, I certify that the following are true:

1. My physician (or another person at my physician’s direction) has discussed with me the following information:
 - The medical condition that warrants artificial insemination;
 - The specific insemination procedure that my physician recommends that I receive;
 - The potential benefits and likelihood of success of the procedure;
 - Alternatives to the procedure; and
 - The risks of the procedure, including (but not necessarily limited to) bleeding; infection; pain; the discomfort and complications of pregnancy, childbirth, and delivery; birth of an infant(s) with a birth defect or anomalies; the uncertainty of genetic, hereditary traits or tendencies or offspring; and other adverse consequences that are unknown but may arise or be connected, directly or indirectly, with artificial insemination.

2. I understand that, under Minnesota law, if a married woman under the supervision of a licensed physician is inseminated artificially with sperm donated by a man who is not her husband, the woman’s husband – and not the sperm donor – is treated in law as if he were the biological father of a child conceived by the artificial insemination. The husband’s consent must be in writing and signed by him and his wife.

3. I (we) have read and understand the document “What You Should Know About the Andrology Lab” provided by the Andrology Lab. I (we) have asked my physician any questions I (we) have about the information presented in that document and received satisfactory answers.

4. I (and my husband, if I am married) have given my physician consent to proceed with artificial insemination.

_____ Signature of recipient	_____ Date
_____ Signature of recipient’s spouse, if recipient is married	_____ Date
_____ Physician’s signature (or delegate)	_____ Date

Donor Selection: Date _____ 1st _____ 2nd _____ 3rd _____

WHAT YOU SHOULD KNOW ABOUT THE ANDROLOGY LAB

- 1 **No physician – patient relationship.** The Andrology Lab is not your physician and provides no medical care or treatment of you. Rather, it provides sperm for artificial insemination at the request and under the direction of your physician. Because the Andrology Lab does not have a doctor–patient relationship with you, you should direct all questions you have about the risks of artificial insemination with sperm from the Andrology Lab to your physician.
- 2 **Purpose of this document.** This document is designed to inform you and your physician about the Andrology Lab, and of the risks that are inherent in artificial insemination with donated sperm and of the testing that may or may not have been done on the sperm donor and the donated sperm to reduce – but not entirely eliminate – those risks.
- 3 **Permitted use.** The Andrology Lab provides sperm for personal use of the recipient, under the direction and oversight of her physician, and solely for the purpose of achieving a pregnancy and not for any other purpose.
- 4 **No guarantees.** Insemination may not result in pregnancy. No one from the Andrology Lab can assure or guarantee that artificial insemination will result in a pregnancy or, if a pregnancy is achieved, that it will result in the delivery of a live and healthy baby. Specific success rates of achieving pregnancy or a live birth are not available. No one at the Andrology Lab can predict any success rate for a specific individual.
- 5 **Representations by donors are not verified.** The Andrology Lab relies upon the representations, if any, made by the sperm donor that: (1) the sperm produced by the donor for donation purposes are his own; and (2) his genetic and hereditary characteristics and health profile are true and accurate. *The Andrology Lab has not independently investigated the truth of the donor’s representations.*
- 6 **Recommended guidelines donated sperm.** The American Society of Reproductive Medicine (ASRM) has established guidelines recommending that, before donating sperm for artificial insemination, the sperm donor should have an examination of semen quality and freezing ability, undergo a physical evaluation, psychological assessment and have an extensive medical history evaluated by a medical professional. ASRM guidelines also call for testing donated sperm for contagious diseases (including, but not limited to, hepatitis, HIV/AIDS, syphilis, chlamydia, and other sexually transmitted diseases) and to screen for certain genetic abnormalities (including, but not limited to, Cystic Fibrosis, Tays Sachs, Sickle Cell, and Thalassemia).

You may receive sperm obtained by the Andrology Lab through an arrangement with the University of Utah, or you may receive sperm from other donors that the Andrology Lab has stored at the request of you or the donor.

Paragraphs 7 – 11 apply if sperm is provided by the University of Utah.

- 7 **Screening conducted by University of Utah.** Sperm the Andrology Lab obtains from the University of Utah (“University”) has been analyzed by the University for motility, concentration, morphology, viability, penetration ability and freezing quality. In addition, the University has performed limited diagnostic testing on the sperm donor and the donated sperm. The sperm or blood of donors enrolled after January 1, 2003, has been tested for the following conditions:

- ABO-Rh Blood Typing
- Cystic Fibrosis
- Neisseria Gonorrhoea
- Hepatitis B Surface Antigen and Core Antibody
- Hepatitis C Viral Antibody
- HTLV-I, HTLV –II Antibody
- HIV 1, HIV-2 (AIDS) Antibody
- Cytomegalovirus
- CMV IgG (if antibody positive)
- Syphilis
- Chlamydia

8. **Testing for Cystic Fibrosis.** While each donor of sperm provided by the University is also screened for Cystic Fibrosis, no single test can screen for all of the more than one thousand known forms of Cystic Fibrosis. The test that is performed, however, substantially reduces the likelihood of the donor being a carrier of this disease. ASRM guidelines suggest that the recipient of the sperm undergo preconception screening, and that this testing should include (but not necessarily be limited to) HIV and Cystic Fibrosis screening.
9. **Additional testing.** In addition to the tests described in paragraphs 5 and 6, the University tests sperm donated by donors of certain ethnic backgrounds for the following conditions: Tay Sachs (for donors with Jewish and French Canadian ancestry); Sickle Cell (for donors with African and African American ancestry); and Thalassemia (for donors with Mediterranean, Southwestern Asian, and Filipino ancestry).
10. **Tests are not 100% accurate.** Even if the donor’s diagnostic tests are normal, and even if such tests are administered properly, the tests have inherent limitations and are not always 100% accurate. *Normal results therefore do not guarantee that no abnormality exists.*
11. **Anonymity.** The sperm donor has agreed in writing that he will not seek out my identity or the identity of any child or children conceived by the procedure. The identity of the sperm donor will not be made known to me or any child or children conceived by the insemination procedure for any reason, unless a court orders such disclosure.

The following paragraphs apply if sperm is not provided by the University of Utah.

12. **Sperm may not have been tested.** If you obtain sperm from the Andrology Lab that the Andrology Lab does not obtain through its arrangement with the University of Utah, the Andrology Lab does not know and cannot guarantee that the sperm has been analyzed, screened, or tested in accordance with the ASRM guidelines described in paragraph 4. A person who uses sperm not tested according to ASRM guidelines must accept the risks of using such sperm.
13. **Anonymity.** The Andrology Lab will not advise the sperm donor of my identity, nor the success or failure of the procedure, unless it is required to by law.