

Agreement, Acknowledgment and Consent

I. If specimen will be brought to Abbott Northwestern Hospital Andrology Laboratory by an individual other than the specimen provider, please complete the following:

I hereby agree to allow _____ (Partner) to deliver my
(name of female partner)
specimen to Abbott Northwestern Hospital Andrology Laboratory (Laboratory). I
acknowledge that the Laboratory cannot provide any assurances or perform any
testing to determine that the delivered specimen is in fact mine.

II. Agreement to have female partner undergo an intrauterine insemination with use of the specimen provided by the undersigned male.

I also agree to have _____ undergo an intrauterine
(name of female partner)
insemination (IUI) utilizing my sperm. As such, I agree to undertake any and all
parental obligations including any financial obligations for any child(ren) that
result from the above-mentioned IUI.

Name of sperm provider (please print): _____

Signature: _____ Date: _____

Please sign in our presence or have notarized On this _____ day of _____,
_____, before me, personally appeared _____,
known to me to be the person described in and who executed the foregoing instrument, and severally
acknowledged that they executed the same.

Notary Public (if not signed in our presence)

State of _____

County of _____

My commission expires: _____

(Notary stamp here)

****This document expires one year following the date of notarization**