

Name: _____

MRN: _____ Age: _____ Gender: _____

Date of Birth: _____ Nationality: _____

SPouses' Consent to the Transfer of Sperm into the Uterus

We, the married couple,

Mr. _____ Mrs. _____

Nationality: _____

ID/Passport No.: _____

Residing at the following address: _____

Declare that we have applied to _____ Centre for assisted reproduction through the Centre's medical and technical staff, and to assist me, I the abovementioned wife to become pregnant by my abovementioned husband. The Centre has informed us of the things set out hereunder of which we approve:

- That there is no guarantee whatsoever of a pregnancy resulting from these procedures and that there is no guarantee that the pregnancy will result in the birth of a living and normal baby.
- That as in natural pregnancy, fetal deformity is possible.
- That as in natural pregnancy, miscarriage is slightly possible.
- That there is a slight possibility for excessive stimulation and that the effects of such occurrence have been explained to us.
- That there is no guarantee that the ova shall develop during the induction cycle and that the induction process may sometimes be cancelled.
- That in case we failed to follow-up with the centre, we will be totally responsible.

And that we have been given sufficient time to understand the contents of this form and discuss same with the medical and technical staff.

NAME	SIGNATURE	DATE	TIME
Husband:			
Wife:			
Treating Physician:			