Consent for Assisted Reproduction

Please read the attached consent(s) carefully. If you do not understand the information provided, pleas speak with your treating physician or nurse.

This consent must be signed by both partners (if applicable) with <u>Picture IDs</u> in the presence of a Regional One Health staff member. All sections of the consent must be completed. These signature pages will be maintained at Regional One Health and will remain in effect indefinitely unless you execute a new consent form to replace it - this may be done any time at your request. If you and/or your partner are unable to sign the consent in the presence of a Regional One Health staff member, the consent must be <u>notarized</u> and the original notary page returned to and maintained at Regional One Health. You should keep a copy of the consent for your records.

Female Patient (<i>Please Print Name</i>)		////
Female Patient Signature	Date	
Partner (if applicable) (Please Print Name)	Date	////
Partner Signature (if applicable)	 	



Affix Patient Label

Consent for Assisted Reproduction

Type of Picture Identification
Female Patient: □ Drivers License □ Passport □ Other
Partner (if applicable): □ Drivers License □ Passport □ Other
Picture Identification(s) Confirmed on Date://
Witness #1 Printed Name (ROH staff member, including title)
Witness #1 Signature Date
* Second witness (if applicable, partner signing on different day)
Picture Identifications(s) Confirmed on Date://
Witness #2 Printed Name (ROH staff member, including title)
Witness #2 Signature Date



Consent for Assisted Reproduction (Picture ID)
Form No. ROH.565 (Created 5/15) *OB0481*
1 Copy - Medical Record 1 Copy - Partner



Affix Patient Label