Consent for Artificial Insemination with Partner's Thawed Semen

We _____ (Patient) and _____ (Partner), being over the age of twenty-one years and legally married, do hereby request to thaw Partner's previously cryopreserved sperm for the purposes of performing intrauterine insemination in Patient. We authorize Dr. _____ or her/his designee(s) to inject the prepared semen from Partner. The physician may employ such assistance as may be necessary for the purpose of accomplishing the artificial insemination. We are eager to have a child and we believe this artificial insemination will promote our mutual happiness and well-being.

We understand that cryopreserved sperm may have decreased fertilization potential and that such risks are inherent in the freezing, storage, and thaw process, and are beyond the control of the Andrology Laboratory at Regional One Health, its physicians, and employees. No representations have been made to us concerning the fertility or other condition of Partner's sperm stored with the Andrology Laboratory. We understand that several attempts at artificial insemination may be necessary and that the physician does not warrant or guarantee that pregnancy or full term pregnancy will result from the artificial insemination.

To induce the physician to render the services herein requested, we and each of us agree that:

a) We hereby release Regional One Health, UT Regional One Physicians, Inc., and their respective employees, agents, directors, officers, and contractors ("the Releasees") from any claim for injury or damage, known or unknown, that might result should my frozen sperm cease to be viable while in their custody.
b) We further release the Releasees from all liabilities arising out of or attributable to any claim made on behalf of myself, my spouse (or partner) and any infant conceived with my sperm, who is born with birth defects or diseases.
c) We shall indemnify the Releasees from any claim for any attorney's fees, court costs, damages, judgements, or any other losses or expenses incurred by any of the Releasees or for which any Releasee might be responsible with respect to any claim, legal action or defense thereto arising out of the artificial insemination hereby requested, including any claim or legal action brought by the child or children resulting from the artificial insemination.
d) With full knowledge and understanding of the attendant risks and consequences of our participation, we each consent to the medical procedures described in this Consent Form. We each acknowledge and affirm that we have given our consent and entered into this agreement without coercion or compulsion and of our own free will.

_____ _____
Patient's Signature Date Partner's Printed Name Date

_____ _____
Patient's Printed Name Partner's Printed Name

Physician Attestation:
The above mentioned husband and wife have been informed and counseled by me and others regarding the risks and benefits of the relevant treatment options, including non-treatment. The husband and wife expressed understanding of the information presented during the discussion.

_____
Physician Signature Date

_____
Physician Printed Name

[Notary Page to Follow]

[Notary Page for: Consent for Artificial Insemination with Partner's Thawed Semen]

STATE of _____)
) :SS
COUNTY of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, referred to in this consent form as "Patient".

My commission expires: _____ .

_____
Notary Public

STATE of _____)
) :SS
COUNTY of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, referred to in this consent form as "Partner".

My commission expires: _____ .

_____
Notary Public