

**DR DRAGANA DJORDJEVIC
SPECIALIST GYNECOLOGIST OBSTETRICIAN**

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INTRAUTERINE INSEMINATION INFORMED CONSENT

I..... and
Authorize our Specialist Gynecologist Obstetrician, Dr Dragana Djordjevic and whomever she may designate as assistant(s), to use sperm for one or more intrauterine washed artificial insemination (IUI) on my female partner for the purpose of making her pregnant.

I/We each agree that any child resulting from this procedure will be treated in all respects as my/our natural child.

I/We understand there is an absolute requirement that the male partner be tested for HIV, HTLV, Hepatitis B, Hepatitis C and Syphilis prior to an IUI being done. If the male partner's HIV test is positive, no IUI will be done and the couple will be referred for counseling. If any of the other transmissible disease screens are positive, counseling must take place and be documented prior to proceeding with IUI.

Conception of child with birth defects:

I/WE hereby acknowledge the fact that within the normal human population, a certain percentage of children (approx. 3.5%) are born with physical or mental defects. Children born from IUI are compared to those conceived normally and, although no incidence of congenital abnormalities have been noted to date, this remains a possibility.

An incidence of congenital malformations in about 2-4% of all pregnancies is normal and expected. Genetic counseling and amniocentesis or Chorionic villi sampling (CVS) is advised if family history indicates, or if maternal age is over 35 years. It cannot assure against the possibility of the presence of a disorder, handicap or infection.

I/We acknowledge and agree that my Specialist Gynecologist Obstetrician shall not be responsible for, nor have given any guarantee or warranties of fitness of the male partner's sperm or the physical or mental characteristics of any child or children conceived or born.

I/We Understand and acknowledge that if pregnancy results from the use of intrauterine insemination, there is a possibility of complications from childbirth or delivery, as well as the possibility of other adverse consequences.

I/We voluntary assume the risk of the occurrence of such complications or other adverse consequences.

I/We understand and acknowledge there is a possibility of spontaneous abortion and ectopic pregnancy with artificial insemination.

I/We understand and acknowledge that no one from this Practice has guaranteed a child will result from this procedure (IUI).

I/We agree that the nature and purpose of this procedure and its possible complications have been explained to me/us adequately.

I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I consent to the above procedures as deemed necessary or appropriate by my physician or credentialed provider.

Patient Signature..... Date

Partner's Signature Date

Witness Signature Date