

INFORMED CONSENT FOR

INSEMINATION WITH DONOR SPERM

The undersigned hereby requests Fertility Clinic IVF-SYD that in the treatment of my/our infertility, insemination is performed using donor sperm.

If I/we have chosen anonymous donor sperm, I/we agree that the donor's anonymity is preserved, and that the choice of donor is left to the fertility clinic.

I/we confirm that I/we have been informed and accept that the treatment increases the risk of multiple pregnancy. I am/we are informed about the very small risk of blood clots in connection with any hormone therapy as well as the risk of an infection in the abdomen. Furthermore, I/we confirm that I am/we are informed that severe obesity can lead to serious risks of complications in connection to a pregnancy for both mother and child. Therefore, Fertility Clinic IVF-SYD does not offer treatment if the woman's BMI is 35 or above.

I am/we are informed that;

- 1) it is not possible to test the sperm donor for all genetic diseases, and that I am/we are obliged to contact Fertility Clinic IVF-SYD if a child is born with, or later develops, a condition that can be related to the donor. This also applies if the sperm was not purchased from IVF-SYD
- 2) Fertility Clinic IVF-SYD cannot be held responsible for the result or consequences of the insemination, except to what follows from the general Danish law on doctors' responsibilities

Furthermore, we are aware that later on information about hereditary disease in the donor may appear. This may emerge many years after the donation, as some inherited diseases only show up late in life. If my/our treatment using donor sperm results in the birth of a child and such information emerges, I/we will be notified until the child's 18th birthday. After the child's 18th birthday, he/she may be notified directly.

If there is a partner:

I (partner) give my consent to the IVF treatment of my spouse/partner using donor sperm. The treatment will be performed by a doctor or under a doctor's responsibility and I will take full parental obligation of the child/children born due to this treatment.

The Danish law states that the clinic must have a contract with another tissue center in case Fertility Clinic IVF-SYD should close. Fertility Clinic IVF-SYD has contracted with Maigaard Fertility Clinic in Aarhus, Denmark, so that all proper documentation in connection with the treatment will be transferred to them.

If the treatment should lead to a viable pregnancy, I/we are obliged to report back to Fertility Clinic IVF-SYD about the birth and inform about the child/children born. The form to be completed is available on the clinic's website.

Date

Woman's date of birth

Partner's date of birth

Woman's signature

Partner's signature

Signature of the witness/doctor