

Seth Levrant, M.D., P.C.
Partners in Reproductive Health
"A Partnership in Care"

CONSENT FOR ARTIFICIAL DONOR INSEMINATION

I, _____ (hereafter Woman) am of legal age, hereby request and authorize Seth Levrant, M.D., P.C., hereafter referred to as "the clinic", and Dr. Seth Levrant, and/or the Doctor's designate, to perform artificial donor sperm insemination on the Woman with semen of a donor or donors.

I understand that several attempts at artificial insemination may be necessary, and that the clinic and doctor do not warrant or guarantee that a pregnancy or full-term pregnancy will result from any or all of the attempts.

I have been informed by the doctor about the exact method to be used to accomplish the intrauterine transfers and potential risks to health of infection, allergy, and pregnancy. I understand that the semen used for insemination will be frozen. I understand that there is a remote possibility of transmission of infectious disease via artificial insemination. I understand that if adverse complications develop, the clinic and staff will employ such assistance as necessary to obviate the complications and that you will be responsible for any financial costs of this assistance.

I understand that if pregnancy does result, there is the possibility of complications of childbirth or delivery, the birth of an abnormal infant or infants, undesirable hereditary tendencies of such infant or infants, or other adverse consequences. I understand that an infant or infants, resulting from artificial donor insemination will have genetic characteristics of the Woman and the sperm donor.

I agree to notify the clinic of any infant or infants born as a result of donor insemination.

From the moment of conception, I accept the act of conception as my own act and acknowledge the child or children produced as my legitimate child or children and the heir of my body with all the rights and privileges that accompany such status.

I have read and understand the above information. I have had sufficient opportunity to discuss the information described above and have had my questions answered satisfactorily.

Signature of woman

Date

Signature of witness

Witness name

Date

Signature of physician

Seth Levrant MD

Physician name

Date