

Consent to IUI (Intra-uterine insemination)

About Patient One (check your name and DoB carefully)

First name

Surname

Date of birth:

Patient I.D.

About Patient Two (check your name and DoB carefully)

First name

Surname

Date of birth:

Patient I.D.

Please select as applies to you:*

Patient 2. Patient 1.

My/our personal circumstances have not changed since my/our last treatment (e.g. separation or divorce).

My/our personal circumstances have changed since my/our last treatment (e.g. separation or divorce). Please discuss these changes with your consultant.

1 All Patients - Please tick all boxes that apply to you

1.1 The name of the patient having the insemination: *

Patient 2. Patient 1.

1.2 I consent, as necessary, to the following in preparation for the insemination: *

- Ultrasound scans
- Relevant blood tests
- Self-administering medication

1.3 I/We consent to the insemination with the following: *

Patient 2. Patient 1.

MY sperm / **PARTNER'S** sperm

Anonymous **DONOR** sperm

KNOWN DONOR (insert name below)

2 **Patients Using Frozen Sperm - Use frozen sperm in treatment**

For male partners who plan to use their FROZEN sperm in their treatment or have FROZEN sperm as a backup

I consent for my frozen sperm stored at the Lister Fertility Clinic (LFC), to be used in my partner's (the patient) treatment.

- This consent will validate the use of your sperm for your partner's treatment for this treatment cycle only
- It is your responsibility to inform us if you want to withdraw your consent to use your sperm currently frozen or to cease storage.

3 **Patients Using Donor Sperm - Use of donor sperm in treatment**

For couples and individuals who plan to use DONOR sperm in their treatment or have DONOR sperm as a backup

I /We confirm that I/We understand the following:

- CMV Screening - National Guidelines suggest that: (i) the risk of CMV infection associated with donor assisted conception is not known (ii) propose screening of donors as the only way to exclude those who are infectious by this route, (iii) all donors are routinely screened for CMV, (iv) the use of CMV negative donors is always the preferred option to minimise the risk of new infection or reactivation in CMV negative recipients, (v) CMV negative sperm should always be sought, (vi) in situations where insufficient CMV-negative donors are available, CMV positive donors may be recruited and used on a case-by-case basis. At the Lister Fertility Clinic, because of the limited infection risk with assisted reproduction using egg/embryo/sperm donation, we believe that in certain circumstances, such as, known donation or no suitably available CMV negative donor, and with the explicit consent of both the recipient and their Lead Clinician that a CMV positive donor may be used for a CMV negative woman. This is at odds with the above mentioned National Guideline recommendation that CMV positive donors are limited to CMV positive recipients. Further relevant patient information is available the Clinic, and a consent form will need to be signed by a woman who is CMV negative and is choosing to use donor gametes from a CMV positive donor.
- Anyone donating gametes or embryos needs to be aware of the availability of genetic ancestry testing, and the implications that this might have for them. Online companies exist that allow individuals to submit their DNA profile to try and connect with others who are genetically related to them. This means that there is a possible lack of control over identity if an individual has a blood relation that had submitted their profile. An example might be if the sibling of a donor has uploaded their profile there might be the chance of a match with someone born from the donation if they have also entered into the scheme.
- An awareness of this is important for all donors, recipients and their families. The possibility of this early revealing of genetic heritage supports the early parental disclosure as endorsed by the HFEA. Issues surrounding this may be discussed in the non-medical implications counselling that all donors and recipients are required to have at the Lister. Further counselling sessions can be arranged if this is something that needs further individual exploration, or any medical questions can be directed to your Consultant.
- Through the use of counselling, the Centre encourages and prepare patients to be open with their children from an early age about how they were conceived. The Centre will give patients information about how counselling may allow them to explore the implications of treatment, in particular, how information may be shared with any resultant children.
- Patients using donor sperm which were first stored in, or imported to, the UK before 19 October 2018, were screened under screening requirements that have since been updated. We have no concerns however as to the use of this sperm, which would have been quarantined or tested appropriately.

4 All Patients - Risks of treatment

Patient 2. Patient 1.

4.1 I /We confirm that I/We understand the following: *

- I/We have discussed the procedures outlined above and I/we have given information both orally and in writing about them.
- I/We have received and understand the information provided to me/us about the implications and complications of multiple gestations. Including, but not limited to, preterm labour, growth restriction, operative delivery, still birth and maternal complications such as pre-eclampsia and diabetes.
- I/We confirm that no travel has occurred for any consenting patient or partner to Ebola or ZIKA-affected areas during time periods outlined in current clinic information or that I/We have signed the Zika Awareness Patient Consent form.

5 All Patients - Legal Parenthood

Patient 2. Patient 1.

5.1 I /We confirm that I/We understand the following: *

- The birth mother will always be the legal parent of any child born.
- When donor sperm is used, and a couple is not married or in a civil partnership, under the Human Fertilisation and Embryology Act 2008, the partner can be the legal parent of any child born from the patient's treatment – as long as both the patient and the partner give their consent to this in writing. This consent is given by completing the HFEA WP and HFEA PP forms.
- Where the birth mother is still legally married or in a legal civil partnership to someone other than the person who she seeks treatment with, the situation can be more complex, and it is advised that you seek your own independent legal advice. This applies regardless of whether donor sperm or a partner's own sperm is being used in treatment.

6 All Patients - Genetics

The Lister offers "Carrier` screening Testing" that can be used prior to treatment to determine if a healthy person is a carrier of some of the most common genetic diseases in the population. It can provide life-lasting information about an individual's reproductive risk and their chances of having a child with a genetic disease by identifying whether they carry the same genetic variant as a partner or potential donor.

If you would like further information about this test, please contact the genetics team (genetics@lflclinic.com)

7 All Patients - Declaration

Patient 2. Patient 1.

7.1 I/We confirm the following: *

- I/We have received information on the social, ethical and legal aspects, as well as the medical consequences of the procedures outlined above, explained to me in full.
- I/We have been given a suitable opportunity to take part in counselling about the implications of the proposed treatment.
- I/We have had the opportunity to discuss the risks associated with all of the treatment options consented to in this agreement.
- I/We have been made aware of the alternatives to the procedures outlined above.
- I/We have been given time to consider the content of this document and I have been given the opportunity to make further enquires as I wish before signing.
- I/We am aware that both the patient and the partner can make changes to or withdraw their consent at any point until the time of sperm, egg or embryo transfer. If you would like to change or withdraw your consent, you should ask the clinic for a HFEA WC form.
- I/We understand that I/We are responsible for contacting the clinic if any of my/our contact details (phone numbers / address / e-mail) change.
- I/We declare that the information I/we have provided in writing is correct and complete.

6 **All Patients - Declaration (continued)**

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Date

Date

[Two adjacent empty boxes for date entry]