Stanford HEALTH CARE

Los Olivos Women's Medical Group

Consent Form for Known Donor

1) I agree to provide sperm for the purpose of artificial insemination to _____ in order for her to conceive.

2) I understand that sexually transmitted infections, including HIV, can be transferred to a woman by artificial insemination.

3) I have been honest and truthful in answering the questions on the medical history and genetics screening form.

4) I understand that it is my responsibility to notify the sperm recipient and doctor of any changes in my health and/or risk status such as unsafe sexual practices or injectable drug use during treatment with artificial insemination.

_____

Signature of Donor Date

_____

Printed Name

_____

Signature of Recipient Date

_____

Witness Date

University HealthCare Alliance ("UHA") is a medical foundation affiliated with Stanford Health Care and Stanford Medicine. UHA contracts with a number of physician groups to provide the medical care in the UHA clinics. Neither UHA, Stanford Health Care, nor Stanford University employ the physicians in the clinics and do not exercise control over the professional services provided by the physician groups.