



WOMEN'S MEDICAL GROUP

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RECIPIENT WAIVER FOR REPEAT SCREENING OF A KNOWN SPERM DONOR

I have been informed that under current California Health and Safety Codes, “no tissues shall be transferred into the body of another person by means of transplantation, unless the donor of the tissues has been screened and found nonreactive by laboratory tests for evidence of infection with HIV, agents of viral hepatitis (HBC and HCV), human lymphotropic virus-1 (HTLV-1) and syphilis.” BY LAW, A HUSBAND OR PARTNER IS CONSIDERED A DONOR AND THE INDIVIDUAL RECEIVING THE TRANSFERRED SPECIMEN IS CONSIDERED A RECIPIENT.

As stated in Section 1644.5: “All donors of sperm shall be screened and found nonreactive as required, except that a recipient of sperm from a sperm donor known to the recipient may waive a second or other repeat testing of that donor if the recipient is informed of the requirements for testing donors under this section and signs a waiver.”

I have been informed of the California Health and Safety Codes concerning therapeutic insemination and understand that under this law a sperm donor must be tested prior to each sperm specimen being placed into the recipient for the above listed agents unless the recipient waives testing after this initial screening.

I understand that my sperm donor has been screened on _____ and found to be nonreactive for the required tests listed above.

I choose to waive the repeat screening of the donor at this time. I understanding that I cannot be guaranteed that the above listed infections will not be transmitted to me through therapeutic inseminations.

This waiver will remain in effect until such time that the recipient chooses to cancel the waiver by written notice.

Date

Patient/Recipient Name

Patient/Recipient Signature

Witness