



Affix Patient Label

Name _____ Date of Birth _____

Informed Consent:

Artificial Insemination

This information is given to you so that you can make an informed decision about **Artificial Insemination**

Reason and Purpose of the Procedure:

Artificial insemination is the introduction of semen into the vagina, uterus, or oviduct by a means other than sexual intercourse. This is done to help a woman get pregnant. The procedure is done with washed donor sperm from a licensed sperm bank. This is done in the office with a syringe.

Success rates vary, and can be affected by:

- Maternal age
- Poor egg quality
- Poor sperm quality
- Severe endometriosis (thickened tissue outside of the uterus)
- Damage to fallopian tubes, or blockage

Benefits of this procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Pregnancy

Risks of this procedure:

There are inherent risks with pregnancy. If the procedure is successful, you will need to follow up with your OB physician to discuss.

- **Unsuccessful fertilization:** You may need the procedure repeated
- **Spotting of blood:** This is usually temporary following the procedure
- **Abdominal cramping:** This is usually temporary following the procedure
- **Anaphylaxis:** This is a serious allergic reaction that can cause severe symptoms, including airway swelling. You will be closely monitored.
- **Miscarriage:** You may need the procedure repeated.
- **Ectopic pregnancy:** This is a complication of pregnancy when the embryo implants outside of the uterus. This will not result in a live birth. This can be a medical emergency. Your provider will monitor your pregnancy for this.

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Risks associated with smoking:

Smokers are more likely to suffer from miscarriage than nonsmokers. Smoking increases several health risks during pregnancy, such as preterm labor and ectopic pregnancy.

Risks associated with obesity:

Obesity can decrease your chances of getting pregnant.

Risks specific to you:

Alternative Treatments:

Other choices:

- Non-artificial sexual intercourse
- Adoption
- Surrogacy
- Do nothing. You can decide not to have the procedure

If you choose not to have this treatment:

- You will not get pregnant by these means.

General Information

During the procedure the provider may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the provider. My questions have been answered.
- I want to have this procedure: **Artificial Insemination:**
- _____

Provider: This patient may require a type and screen or type and cross prior to the procedure. If so, please obtain consent for blood/products.

Patient Signature _____

Relationship Patient/Parent of Minor Closest relative (relationship) Guardian/POA Healthcare Date/Time _____

Witness _____ Date _____ Time _____

Interpreter's Statement: I have translated this consent form and the provider's explanation to the patient, a parent, closest legal guardian.

Date _____ Time _____

Interpreter (if applicable)

For provider use only:
 I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options and possibility of complications and side effects of the intended intervention. I have answered questions and patient has agreed to procedure.

Provider Signature _____ Date _____ Time _____

Teach Back

Patient shows understanding by stating in his or her own words:

Reason(s) for the treatment/procedure: _____

Area(s) of the body that will be affected: _____

Benefit(s) of the procedure : _____

Risk(s) of the procedure: _____

Alternative(s) to the procedure: _____

or

_____ Patient elects not to proceed _____ (patient signature)

Validated/Witness: _____ Date: _____ Time: _____