CHR
THE CENTER FOR HUMAN REPRODUCTION*
INFORMED CONSENT FOR
THERAPEUTIC SPERM DONOR INSEMINATION
(This consent form applies to single recipients as well as couples. In case donor insemination is received by a couple, both partners have to sign this consent form.)

I/We ____________________________________________, being of legal age, hereby confirm my/our desire to undergo one, or more, therapeutic sperm donor inseminations, with the use of semen of a donor, or donors, which I/we have chosen and procured. Under this consent, I/we authorize the performance of two intrauterine inseminations by physicians of CHR and the CHR staff, for up to four (4) insemination cycles, as long as these inseminations are performed within one year of today’s date.

I/We understand that there is no guarantee of pregnancy with this treatment. Indeed, anticipated pregnancy rates are per cycle only approximately 15%. Neither are there guarantees that any pregnancy will go to full term or results in the birth of a normal child. Indeed, miscarriage rates, pregnancy complications and birth defects occur at similar prevalence as with spontaneous conceptions.

I/We have been given information about various sperm banks and were free to order the donor semen from any bank of my/our choosing. The choice of sperm bank, sperm donor, and all other aspects of procurement of semen sample(s) was entirely of my/our choosing. Semen banks by law are mandated to record live births after donor inseminations. They have to maintain records for at least seven (7) years after they release semen samples for insemination if no live birth has occurred, and for at least twenty-five (25) years if a live birth has occurred as a consequence of a donor insemination. I/We will, therefore, in case of pregnancy/delivery following a donor insemination, notify CHR in timely fashion.

Sperm banks deliver semen samples to CHR frozen. CHR will maintain donor semen samples frozen until their use is clinically indicated, when they are thawed. Once thawed, sperm cannot be refrozen and has only a limited lifespan of a few hours. CHR cannot be held responsible for the quality of semen samples received from sperm banks. I/We also understand that, despite local and federal licensing guidelines for sperm banks, there is a remote possibility of transmitting infectious diseases via artificial inseminations.

CHR is not a licensed sperm bank and can, therefore, maintain semen samples frozen only during active treatment periods of patients. An active treatment period is considered to exist up to 12 months from last patient/physician encounter. After three (3) months from the end of the active treatment period, CHR has either to dispose of stored semen samples or has to transfer them into long-term storage at a licensed semen bank. By signing this consent, we agree that CHR under such circumstances DISCARD MY/OUR SEMEN SAMPLE(s) or TRANSFER MY/OUR SEMEN SAMPLE (s) at my/our storage costs (cross and initial on side).

I/we accept the act of sperm donor insemination as my/our own act of conception, and acknowledge the child/children born as a consequence of this act as my/our legitimate child/children and heir(s) of my/our bodies, with all rights and privileges accompanying such status.

All of my/our questions have been answered to my/our full satisfaction. I/We are also fully aware of all sperm storage fees charges by CHR and commit to timely payments. I/We have read this consent and acknowledge receipt of a copy.

(Signatures on page 2 of this consent form)

(* aka American Infertility of New York, doing business in New York as Medical Offices for Human Reproduction)
<table>
<thead>
<tr>
<th>Female Name</th>
<th>Female Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Partner Name (where applicable)</td>
<td>Partner Signature</td>
<td>Date</td>
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WITNESSED BY:

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
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Revised 9/26/07

If this consent is not witnessed within the offices of CHR, all signatures have to be notarized in the space below.

Notary Public

(Notary Seal)