INFORMED CONSENT FOR RECIPIENT OF CLIENT DEPOSITOR SEMEN

This agreement is made between The Sperm Bank of California, a non-profit California corporation (hereinafter “TSBC”) and the undersigned, hereinafter referred to as “Recipient.” TSBC performs clinical screening of all its client depositors in accordance with California Health and Safety Code.

I attest that I am at least eighteen years old. I further attest that I am the intimate partner of the client depositor _______________________________________ and the potential recipient of his semen samples.

I understand that according to California Health and Safety Code Section §1644.5, “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, viral agents of hepatitis (HBV and HCV), human T lymphotropic virus-I (HTLV-I) and syphilis.” I understand that TSBC requires that all client depositors be tested accordingly.

I understand that although TSBC guarantees that the appropriate tests as described above have been performed by its reference lab, laboratory tests are not 100% accurate, and TSBC can not guarantee the absence of sexually transmitted diseases, inheritable illnesses, or inheritable birth defects resulting from insemination with these semen samples.

_____ I understand that according to California Health and Safety Code 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 ... and signs a written waiver.” By initialing this paragraph, I indicate that I have been informed of the requirements for testing donors, and I hereby waive repeat testing of this sperm donor, who is my intimate partner.

I understand that TSBC cannot guarantee that a viable pregnancy will occur as a result of insemination with my intimate partner’s stored sperm. I understand that thawed frozen sperm will not survive as long as fresh sperm, and that I should time insemination to take place as close to ovulation as possible.

___________________________________ ___________________________________
Recipient’s signature TSBC Representative’s signature

___________________________________ ___________________________________
Recipient’s printed name date