



Fertility and
Reproductive Health



Consent • Sperm Donor Acknowledgement of Risk Factors

Medical Record Number

Patient Name

Addressograph Stamp – Patient Name, Medical Record Number

**CONSENT TO USE SPERM FROM AKNOWN DONOR WHO HAS
RISK FACTORS FOR, OR EVIDENCE OF, INFECTION,
WITH RELEVANT COMMUNICALBE DISEASES
(Directed Donation)**

STATEMENT OF SPERM DONOR

I have been advised that I have risk factors for, or evidence of infection with, the disease(s) checked above. The nature of the disease(s), including symptoms and severity, has been explained to me. I have also received an explanation of the risk of transmission of the disease to the recipient of my sperm, and (if pregnancy results) to her fetus, based upon my specific risk factors for, or evidence of, infection. I have been advised of the measures (if any) that can be taken to reduce the risk, and have had all my questions answered. Having received this information, I nonetheless wish to proceed and hereby consent to donate my sperm to the above-named recipient so that she can become pregnant.

Signature of Sperm Donor

Date

Time