FERTILITY ASSOCIATES OF MEMPHIS, PLLC

and MEMPHIS FERTILITY LABORATORY, INC.

80 Humphreys Center, Suite 307

Memphis, Tennessee 38120-2363

(901) 747-2229

**AGREEMENT FOR INTRAUTERINE INSEMINATION (IUI) - KNOWN OR ANONYMOUS DONOR SPERM**

1. I/We, *(Patient)* and *(Partner if applicable)*, desire to become pregnant. I/We do hereby request and authorize my/our physician or his/her associates to inseminate Patient artificially and use the semen of (*Donor Name if known or ID Number if anonymous*)

 for that purpose. I/We authorize said physician to employ such assistance as may be necessary for the purpose of accomplishing intrauterine insemination.

1. I/We understand and acknowledge that Fertility Associates of Memphis, PLLC (FAM) is a medical practice in reproductive endocrinology and will be managing our IUI care and performing our procedures. Memphis Fertility Laboratory, Inc. (MFL) is an independent laboratory responsible for our IUI laboratory testing and services including blood hormone assays, semen analysis, and sperm preparation.
2. I/We understand that if Donor’s sperm was previously frozen, I/we authorize FAM and MFL to thaw Donor’s previously frozen sperm. I/We understand that frozen sperm may have decreased fertilization potential and that such risks are inherent in the freezing, storage and thaw process and are beyond the control of FAM and MFL, their physicians, and their employees. No representations have been made to me/us concerning the fertility or other condition of Donor’s sperm stored with MFL; and I/we hereby release FAM and MFL, their agents, servants, or employees from any injury or damage, known or unknown, that might result should my/our frozen sperm cease to be viable while in the their custody.
3. I/We understand that several attempts at intrauterine insemination may be necessary and that the physician does not warrant or guarantee that pregnancy or full-term pregnancy will result from the intrauterine insemination.
4. I/We fully understand that insurance coverage for IUI may not be available and that we will be personally responsible for the expenses of this treatment. The expenses may consist of hospital charges, laboratory charges, ultrasound charges and/or physician professional fees.
5. To induce the physician to render the services herein requested, I/we and each of us agree that:
	1. I/We release FAM, MFL, and their physicians from any and all liability and responsibility of any nature whatsoever which may result from complications of childbirth or delivery or from the birth of an infant or infants abnormal in any respect, or from the heredity or hereditary tendencies of such issue, or from any other adverse consequences which may arise in connection with or as a result of the intrauterine insemination herein authorized.
	2. I/We shall refrain from bringing any legal action of any kind, and refrain from aiding or abetting anyone else in bringing legal action for or on account of any matter or thing which might arise out of the intrauterine insemination herein contemplated. Although reasonable safeguards will be employed, I/we acknowledge that there is a risk of being infected by disease including human immunodeficiency virus (HIV) and hepatitis.
	3. I/We shall indemnify FAM, MFL, and their physicians for any attorneys' fees, court costs, damages, judgments, or any other losses or expenses incurred by FAM, MFL, and their physicians or for which FAM, MFL, and their physicians may be responsible with respect to any claim, legal action or defense thereto arising out of the intrauterine insemination hereby requested, including any claim or legal action brought by the child or children resulting from the intrauterine insemination.
	4. If I/we have chosen an anonymous donor, under no circumstances shall I/we require that the name of the donor of the semen be divulged to me/us or anyone else; and I/we accordingly forever waive all rights, if any, that I/we may have as to the name, identity, or any information of any kind concerning the donor.
6. I/We each acknowledge that I/we have fully reviewed and comprehend the contents of this Consent Form. The nature of IUI has been explained to me/us together with the known risks. I/We understand the explanation that has been given to me/us and that there may be unknown risks. I/We have had the opportunity to ask any questions I/we might have, and those questions have been answered to my/our satisfaction. I/We acknowledge that IUI is being performed at my/our request and understand that I/we may elect not to continue with the procedure at any time and that this decision would not affect any other present or future medical care and treatment from either FAM or MFL.
7. With full knowledge and understanding of the attendant risks and consequences of our participation, I/we each consent to the medical procedures described in this Consent Form. I/We each acknowledge and affirm that I/we have given our consent and entered into this agreement without coercion or compulsion and of my/our own free will.

Signature of Patient Date

Signature of Partner (if applicable) Date