



Ontario Network
of Experts in Fertility
life through knowledge



Department
of Obstetrics
and Gynecology

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GENERAL CONSENT - Intrauterine Insemination (“IUI”)

We, _____ and _____
(PRINT: First NAME, Last NAME) (PRINT: First NAME, Last NAME)

are voluntary patients of Dr. _____ in the Intrauterine Insemination (“IUI”) Program,
hereafter referred to as the “Program”

We have received and reviewed the contents of the information package, which includes the following
documents and reference materials:

that may be involved at various stages of the program, and the risks and benefits associated with the
examinations, procedures and drug therapies which are part of the Program(s) listed above. We
understand the potential complications and risks of any of the examinations, procedures and drug
therapies which we may require as part of the Program(s).

We understand that our participation in the Program(s) cannot guarantee the result of a viable
pregnancy, and that no guarantee of success can be given. We accept the possibility of a multiple
pregnancy. We also understand and accept that if a pregnancy is established as a result of our
participation in the Program(s), complications, as with any pregnancy, may occur and these
complications have been explained by Dr. _____ .

Dr. _____ has provided us with **written information** that only sperm cells (“Human
Reproductive Material”) provided by _____ will be used for IUI, for our
own (PRINT: Name of Male Partner)

reproductive use, unless specific arrangements for donor gametes have been completed.

I, _____ consent to the use of my sperm cells for IUI with
PRINT: Name of Male Partner

_____ who is my spouse/common law partner, for our own reproductive purposes.
PRINT: Name of Female Partner

In addition, I/we ____,__ do / ____,__ do not (insert initials) consent to the use of my/our biologic waste material (ie, seminal fluid, spent media) for research purposes.

WITHDRAWAL OF CONSENT TO USE

Prior to providing our consent herein, we hereby have been informed in writing by ONE Fertility that we may withdraw consent given for the use of any Human Reproductive Material only if the person(s) who provided the Human Reproductive Material withdraws such consent in writing, and if the Ontario Network of Experts in Fertility or the person who will be using the embryos is notified in writing of the withdrawal of consent before the Human Reproductive Material is used. **We understand that this agreement is in effect until consent is withdrawn.**

We have read and received a copy of this Consent. We have been provided with adequate opportunity to discuss all procedures and risks with the Ontario Network of Experts in Fertility. Our questions and concerns have been satisfactorily addressed.

We have been provided with the opportunity to obtain an independent legal opinion in advance of signing this Consent.

Dated on: _____

Witness (Print Name and Signature)

Patient's Signature

Witness (Print Name and Signature)

Patient's Signature