



Ontario Network of Experts in Fertility  
life through knowledge



Department of Obstetrics and Gynecology

3210 Harvester Road,  
Burlington, Ontario, L7N 3T1  
P 1.877.663.0223 F 905.639.3810  
[www.onefertility.com](http://www.onefertility.com)

**CONSENT**  
**General Therapeutic Donor Insemination (“TDI”)**

I, \_\_\_\_\_  
(*PRINT: First NAME, Last NAME*)

am a voluntary patient of Dr. \_\_\_\_\_ in the ONE Fertility Therapeutic Donor Insemination Program (the “Program”).

I consent to the use of Human Reproductive Material (“sperm” ) of an Anonymous donor (donor # \_\_\_\_\_), for my own reproductive use.

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

\_\_\_\_\_

Dr. \_\_\_\_\_ has explained the nature of the examinations, procedures and drug therapies that may be involved at various stages of the Program, and the risks and benefits associated with the examinations, procedures and drug therapies which may be part of the Program. I understand the potential complications and risks of any of the examinations, procedures and drug therapies which we may require as part of the Program.

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

I understand that although every possible precaution has been taken to minimize the risk of transmitting disease, no screening system is perfect and there remains a small risk of transmission of disease when using donor sperm. ONE Fertility is not responsible for issues, errors or omissions related to operations of the sperm bank and the distributor.

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

**I/We understand that this agreement is in effect until consent is withdrawn.**

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

Signed on: \_\_\_\_\_

\_\_\_\_\_  
Witness (Print Name and Signature)

\_\_\_\_\_  
Patient's Signature

I, \_\_\_\_\_ am the spouse/common law partner of  
\_\_\_\_\_ and I consent to the use of donor  
sperm from donor # \_\_\_\_\_, for our own reproductive uses

Signed on: \_\_\_\_\_

\_\_\_\_\_  
Witness (Print Name and Signature)

\_\_\_\_\_  
Partner's Signature