



CONSENT FOR THERAPEUTIC INSEMINATION or IN VITRO FERTILIZATION (IVF)
WITH ANONYMOUS or DIRECTED DONOR SPERM
UNMARRIED RECIPIENT

I, _____, an unmarried woman, authorize Reproductive Resource Center of Greater Kansas City, LLC, Dr. Brabec and her designated assistants ("staff") to perform one or more artificial insemination(s) or IVF with sperm obtained from an anonymous donor(s) or directed donor(s) for the purpose of making me pregnant. I understand that it is my decision and I may elect to use sperm from an anonymous donor or a directed donor who I know.

In the case of an anonymous donor, I agree that donor sperm that has been frozen (for storage purposes) shall be used. I understand and agree that anonymity cannot be guaranteed, and that it cannot be guaranteed that the same donor will be utilized for each insemination or IVF procedure.

In the case of a directed donor, I agree that donor sperm that is fresh or frozen (for storage purposes) may be used.

I understand that there is no guarantee that inseminations or IVF with donor sperm will result in a pregnancy. I further understand that within the normal human population, a certain percentage (approximately 3%) of children are born with physical or mental defects, and that the occurrence of such defects is beyond the control of physicians. Therefore, I understand and agree that Reproductive Resource Center, its physicians and staff, do not assume responsibility for the physical and mental characteristics of any child or children born as a result of artificial insemination or IVF with donor sperm. I also understand that within the normal human population, approximately 20% of pregnancies result in miscarriages and that this may occur with insemination or IVF as well. Similarly, obstetrical complications may occur in any pregnancy. I also understand and accept that the use of donor sperm carries with it the risk of sexually-transmitted diseases, including, but not limited to, gonorrhea, chlamydia, syphilis, herpes, hepatitis and acquired immune deficiency syndrome (AIDS). This agreement, therefore, is not a contract to cure, a warranty of treatment, nor a guarantee of conception. I agree to fully release, indemnify, defend, protect and hold harmless the sperm donor, Reproductive Resource Center, its physicians and staff from any and all liability for the mental or physical nature or characteristics of any child or children conceived or born as a result of this treatment, any obstetrical complications that may arise in a resultant pregnancy and for affirmative acts or omissions, which may arise during the performance of this agreement, Reproductive Resource Center, its physicians and staff.

I further agree that I am assuming complete responsibility for any child or children conceived or born. I agree that I will not seek financial support for the child or children, or any other type of payment from the donor, Reproductive Resource Center, its physicians or staff. I further agree that, if the child or children should seek support or any other payment from the donor, Reproductive Resource Center, its physicians or staff, I will defend, indemnify and hold harmless the donor, Reproductive Resource Center, its physicians and staff.

Reproductive Resource Center recommends that patients select and consult with a qualified attorney regarding any legal rights or obligations, parental rights or obligations, estate planning, inheritance and other legal matters which may arise as a result of these planned procedures, medical treatment and any resulting conception and birth(s) of a child or children.

Reproductive Resource Center may use the agreement as necessary in connection with any legal proceeding to which it is relevant.

IN SIGNING THIS AGREEMENT, I CERTIFY THAT I: 1) HAVE READ AND FREELY AND KNOWINGLY AGREE TO EVERYTHING STATED IN THIS AGREEMENT; 2) UNDERSTAND THE EXPLANATION I HAVE RECEIVED REGARDING THE PROCEDURES; 3) HAVE BEEN GIVEN ALL THE INFORMATION DESIRED BEFORE SIGNING THIS AGREEMENT; AND 4) HAVE BEEN GIVEN A COPY OF THIS AGREEMENT. THIS AGREEMENT EXPIRES WITHIN ONE (1) YEAR OF THE DATE SIGNED.

Patient Name (print name): _____ Patient Signature: _____ Date: _____

Witness Name (print name): _____ Witness Signature: _____ Date: _____

Celeste Brabec, M.D.

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