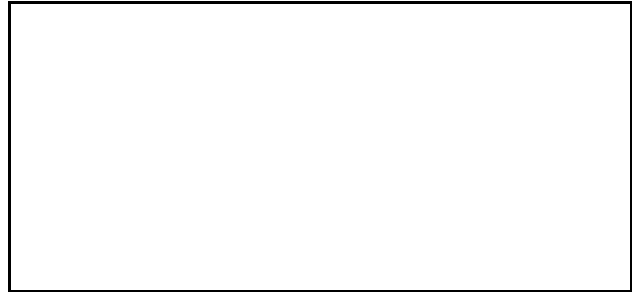




Atlantic Assisted Reproductive Therapies
Suite 213, 1535 Dresden Row
Halifax, NS B3J 3T1



CONSENT FOR THERAPEUTIC DONOR INSEMINATION (TDI)

Therapeutic Donor Insemination (TDI) is a technique for artificially introducing semen into the genital tract of a woman with the hope of producing a pregnancy.

Frozen specimens are obtained from a reliable facility where suitable donors were selected by a complete history and physical examination, determination of the blood group and type, assessment of the quality of the semen and microbiological screening for sexually transmitted diseases including AIDS. The screening of these samples must adhere to Health Canada regulations.

The confidential nature of this process is extremely important. The identity of the donors will not be revealed to couples nor will the identity of the couples be made available to the donors. Although complete medical records are maintained for couples and donors, no records are kept linking donors to recipients.

The procedure for artificial insemination usually requires either one or two inseminations in each cycle at times determined from the period intervals. After consultation with your physician, it may be helpful to have a test of tubal patency at the outset to assure a reasonable chance of success.

The pregnancy rate per treatment cycle is around seven percent per treatment and varies depending upon factors such as age and whether other approaches to treatment are used at the same time.

No increase in congenital anomalies has occurred among TDI births, but anomalies occur in one to three percent of births following natural conception and may be expected in the same proportion of TDI births.

In signing this consent the partner (where relevant) accepts that any child or children so produced will be considered to be their own and therefore entitled to all legal rights. In signing you also agree to keep AART informed of any resulting pregnancy and health of the child.

I / We have:

1. Read and signed the agreement for donor sperm cryostorage at AART.
2. Understand that this is an uninsured medical procedure and have read the price list for those services.
3. Understand that I will have to order cryopreserved donor semen.
4. Acknowledge that there is no guarantee that I will conceive as a result of therapeutic donor insemination.
5. Agree to undergo appropriate pre-screening tests and have those tests repeated/updated as necessary in order to continue to undergo therapy.

I / We, the undersigned, understand the implications of therapeutic donor insemination as summarized above and accept the responsibility for the decision to have this medical treatment.

Signatures: (1) _____
Witness _____

(2) _____
Witness _____

Dated at Halifax, Nova Scotia this _____ day of _____ 20 _____