

Consent to Use Donor Sperm to Attempt Pregnancy

I (female) _____ (and partner, if applicable) _____, authorize The Fertility Center to use donor sperm for my insemination or IVF procedure. To protect all involved parties, including future children born from donor sperm, I/we agree to the following:

- I/we understand that I may have other options available, including In Vitro Fertilization, being a recipient of donated embryos, adoption, foster care, or living childless.
- I/we authorize a Fertility Center physician, nurse, or designee is authorized to perform my procedure.
- If the donor sperm is anonymous, The Fertility Center shall not advise the donor of the above named individual's identities; nor shall the above named individuals be advised donor's identity, unless required by law.
- I/we understand donor sperm is obtained from Food and Drug Administration (FDA) registered sperm banks and that specimens are screened and tested for communicable disease (including hepatitis B virus, hepatitis C virus, HIV, syphilis, Chlamydia, gonorrhea, HTLV, and CMV). However, because it is not possible to test for every known disease and disorder, we understand that all risks cannot be fully eliminated and there remains some risk of communicable disease transmission, birth defects, and/or genetic disorders.
- I/we fully agree that The Fertility Center and its agents are not responsible for the mental and physical characteristics of any child or children so conceived and born.
- I/we do hereby absolve and release The Fertility Center and its agents from any and all liability or responsibility for the physical or mental nature or character of any child or children so conceived and born.

From the moment of conception I/we agree that:

- A child or children so conceived and born is my own legitimate child or children and my heir(s).
- I/we hereby forever waive any right to disclaim such a child or children as my own.
- Such child or children so conceived and born are, and shall be considered to be, legally, morally and otherwise, in all respects, including descent of property, child or children born created from my own body.

It is further agreed that the failure to pay any and all fees associated with any cryopreserved, stored sperm specimen(s) after reasonable attempt at receiving payment may result in disposal of the specimen(s).

Donor Selection: Cytomegalovirus (CMV) Consent

Cytomegalovirus (CMV) is one of many tests required to be performed on sperm donors. CMV is part of the herpes family, which includes herpes simplex viruses, chicken pox viruses (varicella-zoster virus), and infectious mononucleosis (Epstein-Barr virus). CMV transmission occurs from person to person with close contact to infected urine, tears, saliva, blood, semen, breast milk, or vaginal fluids. **Between 50 - 80% of adults in the USA are infected with CMV by age 40.** Most adults with CMV have no symptoms; others may develop mild illness, including fever, sore throat, fatigue, or swollen glands. Pregnant women who are infected with CMV rarely have symptoms, but the developing baby may be at risk for congenital CMV disease. Once infected, CMV is in a person's body for life, normally dormant.

Are sperm donors required to be Cytomegalovirus (CMV) negative?

Donors are required to be negative for all of the previously listed communicable diseases, *with the exception of CMV*. Donors who test CMV Total antibody positive and CMV IgG positive may donate, but **not** anonymous donors who test positive for IgM (or CMV NAT). CMV Total antibody is the initial test that is performed on sperm donors. If that test is positive, then CMV IgG and IgM (or CMV NAT testing are performed. CMV IgG positive testing suggests a past CMV infection (donors are allowed to donate). CMV IgM (or NAT) positive testing suggests a current CMV infection and anonymous donors are not allowed to donate. Recipients of known or directed donor sperm, may elect to accept the specimen if the physician is agreeable and with informed consent.

How can CMV affect my unborn child?

CMV is the most common cause of congenital (present from birth) disability in the U.S. Approximately 1 out of every 750 children are born with or develop permanent disabilities due to CMV. Symptoms of CMV in unborn babies can range from enlargement of the liver and spleen to fatal illness. With supportive treatment, most infected infants survive; however, 80-90% have complications within the first years of life that may include hearing and vision losses, growth, and mental ability. In infants born without symptoms, 5-10% will have subsequent varying degrees of hearing, mental, and coordination problems.

Risks are highest among women not previously infected with CMV, who have their first CMV infection during pregnancy. About one third of women of these women will pass the virus to their unborn babies. You would need invasive tests, such as amniocentesis, to find out if your unborn baby is infected.

What are my risks?

If you accept donor sperm from an individual who tests CMV IgG positive (indicating a past infection), you must consider the possible risk of transmitting CMV to your unborn child. While odds are low that your unborn child would be affected, it remains a possibility you must consider.

If an embryo is created with your egg and the donor sperm, the resulting embryo itself is *not* infected with CMV. However, if the mother was exposed to CMV in the sperm, she could develop an infection which could affect the unborn child.

If you are CMV IgG positive (you were previously infected), your chances of becoming infected and transmitting a CMV infection to your unborn child are extremely low.

Consent to Use Donor Sperm to Attempt Pregnancy and to accept sperm from a CMV IgG positive donor

I/we understand that if I select a donor who has tested CMV IgG positive, I may be exposed to CMV and, in turn, expose my unborn child to CMV, as explained in this document.

I/we have had the opportunity to ask questions regarding this document in its entirety. I/we understand the above information and all questions concerning this process have been fully answered to our satisfaction. I/we are in full agreement with the statements in this document.

I/we have been counseled on all risks presented in this document and I/we do not hold The Fertility Center, its owners, employees and agents liable. I/we understand and assume all risks of our participation.

Female signature: _____ Date: _____

Notary or staff witness: _____ Date: _____

Partner signature: _____ Date: _____

Notary or staff witness: _____ Date: _____

References

- *About CMV*, Centers for Disease Control and Prevention (CDC), <http://www.cdc.gov/cmV/facts.htm>
- *Information about CMV for Clinicians and Others in Healthcare Settings*, Centers for Disease Control and Prevention (CDC), <http://www.cdc.gov/cmV/clinicians.htm>
- *Cytomegalovirus (CMV) Infection*, American Pregnancy Association, <http://www.americanpregnancy.org/pregnancycomplications/cytomegalovirusinfection.html>