FERTILITY CENTER
OF CALIFORNIA

REPRODUCTIVE TISSUE BANK SERVICES
ANONYMOUS DONOR SPERM
ANDROLOGY LABORATORY
SPERM CRYOBANKING
EMBRYO STORAGE

# AUTHORIZATION TO PERFORM INTRA UTERINE INSEMINATION

I, _______________________________________, hereby authorize the Fertility Center of

California (FCC) and its affiliated nurse to perform Intra Uterine Insemination on

________________________________________, using sperm provided by:

___ Husband
___ Known Donor
___ Anonymous Donor

It is the responsibility of the recipient to be sure that records of all screening on sperm provider are in our office prior to insemination.

Sperm provided by FCC has been screened according to standards and guidelines for donor selection which are set by the FDA, the California State department of Health, the New York State Department of Health, the American Society for Reproductive Medicine and the American Association for Tissue Banks. In the screening process, donors are initially and periodically tested by communicable diseases such as HIV-1, HIV-2, Hepatitis B Surface Antigen, Hepatitis C Virus, RPR and HTLV-1. Furthermore, donors are tested for Gonorrhea, Chlamydia and CMV. Testing is repeated every three or six months according to the guidelines; semen samples are quarantined during this time period and are not released until all results are analyzed and approved by the medical director.

FCC is a licensed tissue bank in the State of California, CLIA and the US Food and Drug Administration (FDA).

| PHYSICIAN INFORMATION | | |
|---|---|---|
| Physician Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | Email: |
| Physician Signature: | Date: | |