


<b>Fertility Center of California</b> 	6699 Alvarado Rd. #2208, San Diego CA 92120 Ph: (619) 265-0102 Fax: (619) 265-1429  12791 Newport Ave, #206, Tustin CA 92780 Ph: (714) 730-3060 Fax: (714) 730-3063	<b>Consent</b> <b>Infectious Disease Testing</b>
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**California health and safety code 1644.5**

The male partner in couples receiving fertility treatment with artificial insemination must be screened and found non-reactive (negative) for the following infectious diseases:

- **Hepatitis B (HbSag)**
- **Hepatitis C (HCV)**
- **Syphilis (RPR)**
- **Human T lymphotropic virus (HTLV I)**
- **HIV**

I understand the California health mandate and agree to the above blood testing. I will complete the testing before starting treatment. I understand, if testing is ***not completed and resulted, insemination will not be performed.***

If above testing is ***reactive or positive*** for any of the infectious disease(s) above, I understand insemination ***will not be performed*** until further evaluation and consultation.

I acknowledge that I have read the above information. My signature below indicates my understanding of California mandates for infectious disease screening before sperm insemination.

Patient printed name	Signature	Date
Partner printed name	Signature	Date
Witness printed name	Signature	Date