

# Consent to Donation of Sperm, Ova or Embryos

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**NOTIFICATION TO PATIENT: THIS IS A WRITTEN CONSENT FORM. IT IS AN IMPORTANT DOCUMENT THAT YOU SHOULD RETAIN WITH YOUR OTHER VITAL RECORDS.**

California law requires that a physician who removes sperm, ova, or embryos from a patient must, before the sperm, ova, or embryos are used for a purpose other than reimplantation in the donor, obtain written consent from the donor and recipient. This form should be used for the donor to sign.

I, *(name of donor)* \_\_\_\_\_, do hereby donate *(type and number, if applicable, of sperm, ova or embryos)* \_\_\_\_\_

to *(name of clinic or other donee)* \_\_\_\_\_

for the purpose of *(specify purpose)* \_\_\_\_\_.

I wish any unused donated material to be disposed of in the following manner: \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
*(donor/patient)*

Print name: \_\_\_\_\_  
*(donor/patient)*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
*(physician removing sperm/ova/embryos)*

Print name: \_\_\_\_\_  
*(physician removing sperm/ova/embryos)*

**NOTE:** The physician must retain this original consent form in the patient's medical record and give a copy to: (1) the patient and (2) the hospital, if the procedure to remove the sperm, ova, or embryos is performed in a hospital.

Reference: Business and Professions Code Section 2260

# Consentimiento para la Donacion de Esperma, Ovulos o Embriones

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**AVISO AL PACIENTE: ESTE ES UN FORMULARIO DE CONSENTIMIENTO ESCRITO. ES UN DOCUMENTO IMPORTANTE QUE DEBE GUARDAR CON SUS OTROS DOCUMENTOS IMPORTANTES.**

La ley de California requiere que los médicos que obtengan esperma, óvulos o embriones de un paciente deben, antes de que el esperma, los óvulos o los embriones se utilicen para un propósito que no sea la reimplantación en el donante, obtengan consentimiento escrito del donante y de la receptora. Este formulario debe ser utilizado para que lo firme el donante.

Yo, (*nombre del donante*) \_\_\_\_\_, por la presente dono (*tipo y número, si corresponde, de esperma, óvulos o embriones*) \_\_\_\_\_

a (*nombre de la clínica u otra receptora*) \_\_\_\_\_ con el propósito de (*especificar propósito*) \_\_\_\_\_ Deseo que el material donado sin utilizar se deseche de la siguiente manera: \_\_\_\_\_

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Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_ AM / PM

Firma: \_\_\_\_\_  
(*donante/paciente*)

Nombre en letra de imprenta: \_\_\_\_\_  
(*donante/paciente*)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(*physician removing sperm/ova/embryos*)

Print name: \_\_\_\_\_  
(*physician removing sperm/ova/embryos*)

**NOTE:** The physician must retain this original consent form in the patient's medical record and give a copy to: (1) the patient and (2) the hospital, if the procedure to remove the sperm, ova, or embryos is performed in a hospital.