

# Consent to Implantation 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 a physician who implants sperm, ova, or embryos, through the use of assisted reproduction technology, into a recipient who is not the donor to obtain the signed written consent of the recipient and donor. This form should be used for the recipient to sign.

I, *(name of recipient)* \_\_\_\_\_,  
agree to implantation of *(type and number, if applicable, of sperm, ova or embryos)* \_\_\_\_\_  
\_\_\_\_\_ from *(name of clinic or other donor,*  
*or "anonymous consenting donor")* \_\_\_\_\_  
for the purpose of *(specify purpose)* \_\_\_\_\_  
\_\_\_\_\_.

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

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

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

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

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

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

**NOTE:** The physician should 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: Penal Code Section 367g

# Consentimiento para la Implantación de Esperma, Óvulos o Embriones

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**AVISO A LA 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, utilizando tecnología para asistir en la reproducción, implanten espermatozoides, óvulos o embriones en una receptora que no sea el donante, obtengan un consentimiento escrito y firmado de la receptora y del donante. Este formulario debe ser utilizado para que lo firme la receptora.

Yo, (*nombre de la receptora*) \_\_\_\_\_,  
por la presente presto consentimiento a la implantación de (*tipo y número, si corresponde, de espermatozoides, óvulos o embriones*) \_\_\_\_\_ provenientes de (*nombre de la clínica u otro donante, o "donante anónimo que ha prestado consentimiento"*) \_\_\_\_\_ con el propósito de (*especificar propósito*) \_\_\_\_\_.

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

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

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

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

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

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

**NOTE:** The physician should 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.