

Consent to Donation of Sperm, Ova or Embryos

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: _____

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.

NOTE: This form should include taglines as required by the Affordable Care Act. *(See www.calhospital.org/taglines, for detailed information.)*

Reference: Business and Professions Code Section 2260

Consentimiento Para la Donacion de Esperma, Ovulos o Embriones

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: _____

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.

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