

Consent to Implantation 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 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.

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

Reference: Penal Code Section 367g

Consentimiento Para la Implantacion de Esperma, Ovulos o Embriones

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 esperma, 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 esperma, 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*) _____.

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.

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