Consent to Insemination or Transplantation of Reproductive Tissue of Spouse/Partner Testing Reactive to Certain Sexually Transmitted Diseases

I. No tissues shall be transferred into the body of another by means of transplantation, unless the donor of the tissues has been screened and found non-reactive by laboratory tests for evidence of infection with HIV, agents of viral hepatitis (HBV and HCV), human T lymphotrophic virus-1 (HTLV-1) and syphilis. The California State Department of Health Services may adopt regulations requiring additional screening tests of donors or tissues when, in the opinion of the state, the action is necessary for the protection of the public, donors or recipients. (Reference California Health and Safety Code 1644.5(a).)

II. Please note that such a policy is required for all human tissues transplanted including reproductive tissues (ova, sperm or semen and embryos).

III. California Health & Safety Code 1644.5 Section C, also mandates: all donors of sperm shall be screened and found non-reactive as required under subdivision (a), except that a recipient of sperm may consent to therapeutic insemination of sperm or use of sperm in other advanced reproductive technologies, even if the sperm donator is reactive for hepatitis B, hepatitis C or syphilis, if the sperm donor is the spouse of or partner of that recipient with certain restrictions. These restrictions are: 1) in the case of a semen donor with syphilis, the donor must first be treated for syphilis prior to any donation; 2) in the case of a semen donor with hepatitis B, the RECIPIENT must first be vaccinated against hepatitis B; 3) and the physician providing services shall advise the donor and recipient of the potential medical risks associated with receiving sperm from a reactive donor. In no case will the semen of a donor ever be used if that person has tested reactive for HIV or HTLV-1. Please note these conditions are strictly for circumstances involving spouses or partners.

I, , have read and understand the California Health and Recipient Safety Code 1644.5 Section A requirements for testing sperm donors.

I, , have decided to waive a second or repeat testing of Recipient the sperm donor known to me, , who is my husband/partner prior to this subsequent insemination.

Signature of Recipient	 Date

Signature of Husband/Partner	 Date

Signature of Witness	 Date