

## CHIREC - Medically Assisted Reproduction Centre – HBW/DELTA

<b>Authorization for insemination within a couple</b>	<i>Written by : Romain Imbert</i>
FE-MEDI-001- version 07 - GB	<i>Checked by : Deborah Desmet</i>
Application date : 12/03/2020	<i>Approved by : Romain Imbert</i>

### Agreement and informed consent for Intra-Uterine Insemination (IUI) within the couple

This informed consent form was given to the prospective parents

on ..... / ..... / .....

by ..... MD

Signature of the doctor :

An agreement for intrauterine insemination treatment is hereby entered into by, on the one hand, the CHIREC Medically Assisted Reproduction (MAR) Centre, located at:

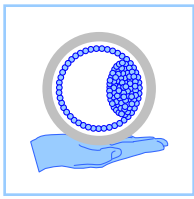
CHIREC - Braine-l'Alleud – Waterloo Hospital :	CHIREC – Delta :
<b>Adress :</b> Rue Wayez, 35 1420 Braine-l'Alleud	<b>Adress :</b> Boulevard du Triomphe, 201 1160 Bruxelles
<b>Phone :</b> + 32 2 434 95 55 (working days)	<b>Phone :</b> + 32 2 434 81 73 (working days)
<b>Fax :</b> + 32 2 434 95 56	<b>Fax :</b> + 32 2 434 81 98
<b>E-mail :</b> <a href="mailto:pma.hbw@chirec.be">pma.hbw@chirec.be</a>	<b>E-mail :</b> <a href="mailto:pma.delta@chirec.be">pma.delta@chirec.be</a>

And on the other hand, the prospective parents:

SURNAME – First name :	SURNAME – First name :
Date of birth :	Date of birth :
Adress :	Adress :
Label Mrs. To add the day of IUI	Label of the partner (if necessary) To add the day of IUI

E-mail adress(es): \_\_\_\_\_@\_\_\_\_\_

\_\_\_\_\_@\_\_\_\_\_



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We, Mrs. ...., born on ..... / ..... / .....

And Mr. ...., born on ..... / ..... / .....

Prospective parents,

- Authorize insemination for Mrs. ....
- With the sperm of Mr. ....
- For IUI on ..... / ..... / 20.....

**I / We declare that we have received the detailed information document on intrauterine inseminations.**

**I / We have been informed of the current rate in the IVF center (annex flyer)**

**I / We have informed our doctor of any stay abroad in the last 3 months.**

We declare that we have been informed of the various possible parental projects, including adoption and medically assisted reproduction techniques.

..... MD has explained the benefits as well as the risks associated with IUI, especially those of a multiple pregnancy in cases of ovarian stimulation to maximise ovarian performance.

In the event of the use of cryopreserved sperm, we have been asked to sign the Agreement on the allocation of cryopreserved supernumerary gametes.

We declare that we have received contact details of competent persons to provide psychological support before and during the medically assisted reproduction process. Participation in prior consultation was highly recommended.

Each of us may withdraw from the intrauterine project, at any time and without having to give any reasons.

We agree that the medical and administrative data will be available to the gynaecologists of the CHIREC MAR Centre involved in the treatment, and authorize data communication to external bodies with the aim of national and international registration and monitoring of the quality of the MAR activity. This communication is transmitted in encrypted form so that the identity of the persons concerned is not disclosed to the agency that receives and analyses the data.

Prospective parents agree with all the points mentioned above ;

<p><b><u>Mrs :</u></b></p> <p>Date : ____ / ____ / ____</p> <p>Signature :</p>	<p><b><u>Mr :</u></b></p> <p>Date : ____ / ____ / ____</p> <p>Signature :</p>
<p><b><u>Referred doctor :</u></b></p> <p>Date : ____ / ____ / ____</p> <p>Stamp and signature</p>	

*\* In the absence of one of the prospective parents, a **proxy** and a **copy of the ID card** are **required** to be given to the MAR centre.*

Made in two copies (**one for the prospective parents, and one for the MAR Centre**)