

**טופס הסכמה : הזרעה מלאכותית מזרע בן הזוג**  
**CONSENT FORM: ARTIFICIAL INSEMINATION – COUPLE**

Artificial insemination from the semen of the husband/partner of the woman is recommended in conditions of failed fertility due to reduced quality or quantity of semen, abnormal function of the uterine cervix, when the reason for infertility is unknown or other reasons according to the case.

For purposes of carrying out the insemination the ejaculate of the husband/couple undergoes a process of laboratory preparation under sterile conditions. The sperm cells are isolated (into a sterile solution) thus producing a suspension of washed spermatozoa ready for insemination.

The suspension of spermatozoa is injected into the uterus by means of a sterile catheter through the vagina into the cervix or into the uterus. The known chances of success of the treatment depend on the causes of the infertility and they are 15% for each treatment cycle.

Name of Woman: \_\_\_\_\_  
Last Name First Name Father's Name ID No.

Name of Husband: \_\_\_\_\_  
Last Name First Name Father's Name ID No.

**We hereby declare and confirm that we live as a married couple/live as a couple and are not married to anyone else.**

We declare and confirm that I received a detailed verbal explanation from:  
 Dr. \_\_\_\_\_  
Last Name First Name

regarding insemination from the semen of the husband/partner, the examinations and treatments associated therewith, the method of its performance and the chances of its success (hereafter: "the treatment").

We declare and confirm that we have been given an explanation regarding the possible side effects including: mild abdominal pain, and mild bleeding that gradually cease within a few hours after the insemination. We have also had the possible complication explained to us of infection of the internal genital organs that will sometimes be accompanied by pain and/or fever and will necessitate hospitalization and in rare cases causes obstruction of the tubes.

It has been explained to us that there is no guarantee that as a result of the insemination the woman will become pregnant, or that as a result of the insemination she will give birth. There is also the possibility of complications during the pregnancy and birth and a child/children may be born with an abnormal physical or mental health state, or with a deformity, or with hereditary tendencies, or any other deviation from the normal, as is liable to occur in any natural pregnancy.

We hereby give my consent to carry out the treatment.

We know, confirm and agree that the treatment will be performed by whoever is designated to do so, according to the institutional procedures and directives, and that there is no guarantee that they will be performed, fully or in part, by a certain person, as long as they are performed according to the standard degree of responsibility and according to the law.



**Israel Medical Association**  
**Israeli Association of Urologists**



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\_\_\_\_\_  
Date                                      Woman's Signature                      Husband's/partner's Signature

I hereby confirm that I provided the couple with a detailed verbal explanation of all the abovementioned, as required, and that they signed the consent form in my presence after I was convinced that they fully understood my explanations.

\_\_\_\_\_  
Name of Physician                      Physician's Signature                      License No.



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