

CHIREC - Medically Assisted Reproduction Centre – HBW/DELTA

Authorization for insemination with donor	Written by : Romain Imbert
FE-MEDI-002- Version 13 - GB	Checked by : Célia André
Date d'application : 21/05/2024	Approved by : Romain Imbert

Agreement and informed consent for artificial insemination with donor sperm (AID)

This informed consent form was given to the prospective parent(s)

On / /

by MD

Signature of the doctor :

An agreement for artificial insemination with donor sperm is hereby entered into by, on the one hand, the Chirec Medically Assisted Reproduction Centre, located at :

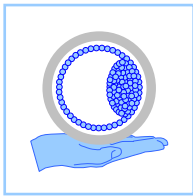
CHIREC - Braine L'Alleud-Waterloo Hospital :	CHIREC - Delta :
Address : Rue Wayez, 35 (Building F, -1) 1420 Braine-l'Alleud Phone : + 32 2 434 95 55 (working days) Fax : + 32 2 434 95 56 E-mail : pma.hbw@chirec.be	Address : Boulevard du Triomphe, 201 1160 Bruxelles Phone : + 32 2 434 81 73 (working days) Fax : + 32 2 434 81 98 E-mail : pma@chirec.be

And on the other hand, the prospective parent(s) :

SURNAME – First Name : _____	NOM – Prénom : _____
Date of birth : ____/____/____	Date de naissance : ____/____/____
Adress : _____ _____	Adress : _____ _____

E-mail adress(es): _____@_____

_____@_____



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Mrs. born on/...../.....
And Mr. / Mrs. born on/...../.....

Prospective parent(s),

- Authorize insemination for Mrs
- With the sperm supplied by :
 - ☐ A non-anonymous sperm donor (Name/Nr :)¹
 - ☐ An anonymous sperm donor

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

I / We declare that 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.

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

The medical staff has explained the benefits as well as the risks associated with artificial insemination with donor sperm, especially those of a multiple pregnancy in cases of ovarian stimulation, as well as genetic, psychological and infection risks.

I / We declare that I / we have received the contact details of competent persons to provide psychological support before, during and after the medically assisted reproduction process.

The treatment will be conducted in accordance with the ongoing regulations imposed by the Act on Medically Assisted Reproduction of 6 July 2007, which particularly advises that the following are prohibited

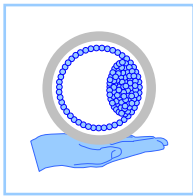
- Commercialisation of sperm
- Sperm donation of eugenic character i.e. focused on the selection or amplification of non-pathological genetic characteristics of the human species.
- Sperm donation focused on sex selection, with the exception of the selection used to screen out embryos with sex-linked diseases.
- The simultaneous implantation of sperm from different donors.

And the following legal advices:

- Once the donation procedure has started, donation is definitive.
- Sperm from the same donor may not lead to the birth of children in more than 6 different women.
- With effect from the donating of sperm insemination, the rules of filiation as established by the Civil Code favour the prospective parents having benefited from the sperm. No action related to parentage or consequent property rights may be brought by the sperm donor against the prospective parents and vice-versa, nor by the child born by the use of the sperm.
- Only medical information that may be of importance for the healthy development of the unborn child can be disclosed:
 - To the recipient couple at the time of their choice
 - To the GP if the health of the child requires it

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

¹ If resorting to a personal donor, freezing and storage costs shall be borne by the applicant. The cost of sperm cryopreservation is €150 for each freezing. There are as well fees for freezing of €150 per year (indexing), from the second year and regardless the number of frozen vials. If you have not communicated your decision to stop the treatment **within the 30 days following the date of invoice**, you are supposed to pursue the treatment and committed to pay the bills.



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I / We agree that my / our medical and administrative data will be made available to the gynecologists of the CHIREC Medically Assisted Reproduction 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 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.

The Federal Agency for Medicines and Health Products (FAMHP) requires MAR centers to use the “Fertidata” application for any use of sperm, oocytes or embryos from a donor. The FAMHP has issued an information document intended for patients requiring this type of treatment. This information document is made available to you on the CHIREC website at the following address:

<https://chirec.be/fr/centres/840000-centre-de-procreation-medicalement-assistee-pma/>

I / We certify having received and understood sufficient information from the CHIREC Medically Assisted Reproduction Centre. I / We also confirm that I was / we were able to ask any questions and that I / we have had the time to think in order to sign freely and without coercion the convention.

Any abandonment of treatment for personal, non-medical reasons, after receipt of medications covered by the PMA 3 package, will result in reimbursement by the couple of the entire cost of medications dispensed by the hospital.

I undertake / We undertake to notify the MAR Center without delay of any change in family situation or domicile. The MAR center has no obligation to research this information.

Prospective parents agree with all the points mentioned above :

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

** 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 Centre.*

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