

CHIREC - Medically Assisted Reproduction Center - HBW/DELTA

/	•
Authorization for insemination within a couple	Written by : Romain Imbert
FE-MEDI-001- version 08 - GB	Checked by : Célia André
Application date : 21/05/2024	Approved by : Romain Imbert

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 Medically Assisted Reproduction (MAR) Center, locate	ent is hereby entered into by, on the one hand, the CHIREC
CHIREC - Braine-l'Alleud – Waterloo Hospital :	CHIREC – Delta :
Adress: Rue Wayez, 35 (building F, -1)	Adress: Boulevard du Triomphe, 201
1420 Braine-l'Alleud	1160 Bruxelles
Phone : + 32 2 434 95 55 (working days)	Phone : + 32 2 434 81 73 (working days)
Fax: + 32 2 434 95 56	Fax: + 32 2 434 81 98
E-mail: pma.hbw@chirec.be	E-mail: pma@chirec.be
SURNAME – First name : Date of birth :/ Adress :	SURNAME – First name : Date of birth :/ Adress :
E-mail adress(es):	



CHIREC - Medically Assisted Reproduction Center - HBW/DELTA

ĺ	Authorization for insemination within a couple	Written by : Romain Imbert
	FE-MEDI-001- version 08 - GB	Checked by : Célia André
	Application date : 21/05/2024	Approved by : Romain Imbert

We, Mrs,	born on /
And Mr,	born on / / declare consent to the collection of sperm
and its use for carrying out IUI treatment.	

Prospective parents,

•	Authorize insemination fo	or Mrs
•	With the sperm of Mr.	

- 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 <u>various possible parental projects</u>, including adoption and medically assisted reproduction techniques.

The medical staff 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 <u>cryopreserved sperm</u>, 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 <u>psychological support</u> 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 <u>medical and administrative data</u> will be available to the gynaecologists of the CHIREC MAR Center 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.

We certify that we have obtained and understood sufficient information from the CHIREC PMA team, have been able to ask all the questions and have had time to think in order to sign the agreement freely and without constraint.

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.



CHIREC - Medically Assisted Reproduction Center - HBW/DELTA

l	Authorization for insemination within a couple	Written by : Romain Imbert
l	FE-MEDI-001- version 08 - GB	Checked by : Célia André
l	Application date : 21/05/2024	Approved by : Romain Imbert

Prospective parents agree with all the points mentioned above :

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

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

^{*} In the absence of one of the prospective parents, a **proxy** and a **copy of the ID card** are <u>required</u> to be given to the MAR center.