



# CONSENT FORM

## FOR CONJUGAL ARTIFICIAL INSEMINATION

Please complete this form for each individual attempt and issue a copy to the Laboratory

We, the  
undersigned:

Mrs.:..... Maiden name:.....

Given name(s).....

Date of birth...../...../.....

Mr.:.....

Given name(s).....

Date of birth...../...../.....

Mutual address:.....

Postcode.....Town/City:.....

Hereby swear on oath that the conditions fulfilled by our couple to benefit from Medically-Assisted Reproduction (MAR), as justified during our application for MAR with Dr. ....on....., are still valid;

**Hereby consent to artificial insemination between spouses as required for our plans to become parents.**

and certify to have received all information concerning insemination.

Done at .....on ...../...../.....(date of insemination)

*Signature of both partners in the couple preceded by the handwritten indication "read and approved"*

Mrs.:

Mr.: