

## 4.9 Consent Form for the Donor of Sperm

I Mr. \_\_\_\_\_ consent to donate my sperm to couples who are unable to have a child by other means.

I have had a full discussion with Dr. \_\_\_\_\_  
(name and address of the clinician) on \_\_\_\_\_.

I have been counselled by \_\_\_\_\_ (name  
and address of independent counsellor) on \_\_\_\_\_.

I understand that there will be no direct or indirect contact between the recipient, and me and my personal identity will not be disclosed to the recipient or to the child born through the use of my gamete.

I understand that I shall have no rights whatsoever on the resulting offspring and vice versa.

### **Endorsement by the ART clinic/ semen bank**

I/we have personally explained to \_\_\_\_\_ and \_\_\_\_\_  
the details and implications of his/her/their signing this consent/approval form, and made sure to the extent humanly possible that he/she/they understand these details and implications.

Signed: \_\_\_\_\_

Name, Address and Signature  
of the Witness from the clinic

Name and Signature of the Doctor

Dated