

ARTIFICIAL INSEMINATION PER DONOR

(A.I.D.) USERS CODE SCHEDULE B: PERMISSION FOR A.I.D.

Compiled by an Ad-hoc Committee on request by the Department of Health, Welfare & Pensions. Approved by the Health Policy Council – Decision 65/80.

		(full name of husband/partner), (full name of wife)	
			, hereby state:
I.	trained member of th	neir staff, to inseminate then (sperm) obtained from	(full name), or a suitably se wife artificially. By that, we a donor will be used to endeavour to
2.		semen to be used shall be	e obtained from
3.4.5.	understand that, even though the insemination may be repeated as often as recommended, there is no guarantee or assurance that pregnancy or full-term pregnancy will result. Subject to the conditions stipulated in Clause 2, we agree to rely upon the discretio of the person performing the insemination and we agree that we shall not be entitled at any stage to be informed as to the identity of the donor.		
	or undesirable herecand we hereby waive performing the inser	litary tendencies of such a e any legal action which w nination or any member o	a child, or other adverse consequences we may have against the person of his staff or the donor in respect ave been caused by the artificial
6.	The husband/partner declares that he/she will maintain the child born, as a result of artificial insemination, as if it were his/her own.		
Signed at		Date	
Husband/Partner		Wife	Inseminator
	vw.androcryos.co.2a 299/15553/23 Vat No 4825	0182007 Dr 7550402	Witness
-	.77/13333/23 Val NO 4023	UIUZU7/ FI. /JJUU7J	VVIUIC22

Tel +27 || 484 2695, Fax +27 || 484 ||30, life@androcryos.co.za Ground Floor, 9 St Davids Park, St Davids Place, PARKTOWN 2193. PO Box 1387, NORTHCLIFF 2115. Johannesburg, South Africa.