

**FORM - 8**

[See rule 13 (f) (iii)]

**Consent for Intrauterine Insemination with Donor Semen**

I/We, ..... being of legal age,  
authorise Dr. .... to inseminate me intrauterine with semen / sperm of a donor Aadhar

no. .... (ART bank's no. ....; obtained from ..... ART  
bank with valid registration no. ....) for achieving conception.

I/We understand that even though the insemination may be repeated as often as recommended by the doctor, there is  
no guarantee or assurance that pregnancy or a live birth will result.

I/We have also known that the outcome of pregnancy may not be the same as those of the general pregnant  
population, for example in respect of abortion, multiple pregnancies, anomalies or complications of pregnancy or  
delivery. findPatient.artBankObtainedFrom findPatient.artBankRegNo findPatient.clinicName

I/We declare that we shall not attempt to find out the identity of the donor.

**I, the husband, also declare that should my wife bear any child or children as a result of such insemination(s),  
such child or children shall be as my own and shall be my legal heir(s). (if applicable)**

The procedure carried out does not ensure a positive result, nor does it guarantee a mentally and physically normal  
body. This consent holds good for all the cycles performed at the clinic.

Signature of intending couple/ intending woman

**Endorsement by the ART clinic**

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.

Name, Address and Signature of  
the Witness from the Clinic

Signed: \_\_\_\_\_ (Husband)  
\_\_\_\_\_ (Wife)

Name and Signature of the Doctor

Name and Address of the ART clinic

Dated: .....

**Note:** An appropriate modification of this form may be used for Artificial Insemination or Intrauterine Insemination of  
a single woman with donor semen.