

Patient Name:
MRN:

DARTMOUTH-HITCHECOCK MEDICAL CENTER
AUTHORIZATION FOR INTRAUTERINE INSEMINATION

1. Intrauterine insemination (IUI) has been recommended for me. It is performed for the purpose of achieving a pregnancy.
2. I understand that the primary goal of IUI is to create the best possible environment for fertilization and that this may be attempted by placing the sperm in the uterus to bring them as close to the egg as possible. In addition, stimulating the ovaries with hormone may be used in some cases, causing release of more than one egg which could increase the chance of pregnancy.
3. I understand that developing more than one egg is attempted through a process called "ovulation induction" or controlled ovarian hyperstimulation. To encourage this process,
 - a. I may be given fertility drugs, either orally or by injection, to stimulate the growth and maturation of egg follicles to ripen more than one egg.
 - b. While I am taking these drugs, my menstrual cycle may be monitored through blood tests and ultrasound examinations.
 - c. When it is determined that ovulation is about to occur, I may be given medication called human chorionic gonadotropin (HCG) to stimulate ovulation.

Complications of controlled ovarian hyperstimulation include, but are not limited to:

- a. Increased risk of miscarriage
 - b. Multiple births
 - c. Allergic reactions to the medications
 - d. Normal risks associated with any injection, including infection, bruising, or nerve damage at the injection site, and blood clot formation.
 - e. Enlargement of the ovaries
 - f. Twisting of the ovaries requiring surgical removal
 - g. Shifting of fluids from the blood vessels into the abdomen, causing abdominal swelling, decreased urine output, and an increased tendency for blood clot formation.
 - h. Rare possibility of extreme complications including death.
 - i. Other unknown possibilities including a hypothetical risk of cancer risk or birth defects.
4. I understand that placing the sperm in the uterus is accomplished through a process called Intrauterine Insemination (IUI). In this process:
 - a. The clinician will use washed sperm from my partner or my designated donor. The sperm will be placed into my uterus by way of a small sterile catheter passed through the opening in my cervix.
 - b. I will not receive anesthesia except possibly a local block in which Xylocaine is placed in the cervix to decrease the pain of instrument placement. This is rarely needed.
 - c. I may have cramping and a small amount of bleeding during the procedure and bleeding after the procedure. If bleeding increases or I develop moderate to severe cramps, I will contact the physician at 603-653-9233 or 603-650-5000 and page the Infertility physician on call.

Complications of intrauterine insemination include, but are not limited to:

- a. Infection
- b. Damage to the uterus
- c. Unanticipated reaction to the sperm wash, either immediate or long term.
- d. Bleeding
- e. For some preparations a commercially available blood protein is used in the culture medium to process the semen sample. While this protein is highly purified and collected from carefully screened donors, there is a minute chance for transmission of blood borne infection due to the use of these products. There is also a minute chance that the blood protein will cause allergic reaction.

5. The risk of fetal abnormalities is presently thought to be the same as pregnancies achieved by sexual intercourse. However, the risk of miscarriage is increased with intrauterine insemination compared to the general population.

6. I acknowledge that one of the physicians from the Reproductive Medicine Division has thoroughly discussed intrauterine insemination and /or ovulation induction with me. He/She has fully explained the potential benefits, complications, and available alternatives. I have had an opportunity to ask questions and they have been answered. In addition, I have received written informational material.

I further acknowledge that I am entering this program voluntarily and I fully understand that the success of the intrauterine insemination or ovulation induction procedure is not guaranteed.

I understand that I will not be seen by a physician at every visit. I also understand that, due to scheduling or other difficulties, there may be times when I cannot be started on an IUI cycle.

Therefore, I hereby release from any and all liability associated with intrauterine insemination and/or ovulation induction procedures, and any possible complications, Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, their respective agents and employees and all other persons and/or agencies involved in this procedure, their respective agents and employees.

7. I hereby Certify that

Female	Partner
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_____	_____ I am 21 years of age or older.
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_____	_____ I am married to the person who has signed along with me.
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_____	_____ I am unmarried.
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8. I hereby authorize the DHMC Reproductive Medicine Program to perform intrauterine insemination and/or ovulation induction on me.

Date _____

Signature of Female

Signature of Partner

Witness