



Formerly known as: The Assisted Conception Unit

The Centre for Reproductive & Genetic Health

University College Hospital The New Wing Eastman Dental Hospital 256 Gray's Inn Road London WC1X 8LD

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On call mobile: 07801 079 524

PATIENT INFORMATION AND CONSENT FORM

We understand that it is the policy of CRGH that no treatment will be undertaken before our chlamydia screen, HIV and Hep B & C blood test results are available to CRGH and that this should be done every 12 months.

We hereby consent to having our bloods taken for this purpose and understand that the results will be made available to us

Signed (Female Patient).....Ref. No.....

Print Name.....

Signed (Male Partner)Ref. No.....

Print Name.....

Date.....

We also further understand that if Donor Sperm is to be used for treatment then the Male Partner or Husband must attend the Unit at each treatment session in order to consent to the use of Donor Sperm in the treatment of his Wife/Partner. This applies to either IUI, IVF, GIFT or Frozen Thawed Embryo Transfer where the embryos have been created using donor sperm.

Signed (Female Patient).....Ref. No.....

Print Name.....

Signed (Male Partner)Ref. No.....

Print Name.....

Date.....

S:/ISO Accreditation/CRGH Manual/Patient Information and Consent Form – HIV, Hep B and C	Author: CRGH
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