

The decision to use donor gametes to achieve pregnancy is one that is a wonderful step toward building a family for many patients. We want to make sure that our patients have had a chance to have all their questions answered about third party reproduction and move forward with confidence and positivity. We require all recipients participating in the ASB programs to meet with a mental health professional in the state in which they reside. Patients may choose any mental health professional that is an active member of ASRM (American Society for Reproductive Medicine) and may elect to attend a group class, or individual sessions. Patients can locate a professional directly through the ASRM website by following this link and selecting, "Mental Health Professional" under *Select Profession*:

<http://bit.ly/SharedBeginningsASRM>

After completion of your session, you may submit proof of participation given to you by your mental health professional or you may submit this form as proof of participation. Both Partners must participate unless a patient is acting as a single intended parent.

Patient Name _____ DOB _____

Patient Name _____ DOB _____

Practice and address of Health Care Provider

I certify that the patient(s) listed above have been counseled and have had an opportunity to ask questions. I feel they have appropriate knowledge and understanding of third-party reproduction.

Printed Name

Signature Date _____

Waiver of clearance for fertilization

I fully understand that I must have clearance prior to an embryo transfer. I understand that if I move forward with fertilization prior to speaking with a mental health professional and decide not to continue treatment to embryo transfer, no refund of the program fee will be given.

Patient Name _____ Signature _____ Date _____

Patient Name _____ Signature _____ Date _____