




**AGREEMENT ON TREATMENT USING SPERM FROM A DONOR WITH ANOTHER BLOOD GROUP**


Between Leuven university fertility centre,  
UZ Leuven,  
represented by  
prof. dr. Karen Peeraer,

 and Ms .....  
born on ...../...../.....  
Partner .....  
born on ...../...../.....  
resident at .....


hereinafter 'the LUFC', on the one hand,  
the following has been agreed:


hereinafter 'the prospective parents', on the other hand,

- The prospective parents declare that, in the context of an intrauterine insemination or in vitro fertilisation, they agree to a sperm donor with blood group: .....
- The prospective parents have already been informed by their treating doctor and they do not object.

Drawn up in duplicate in Leuven on  ...../...../....., one copy being intended for the LUFC and the other for the prospective parents.

prof. dr. Karen Peeraer  
Administrator tissue bank LUFC

 read and approved  
signature Ms

 read and approved  
signature Partner

Please complete and sign this agreement and return it to Leuven universitair fertiliteitscentrum, 'contractenadministratie', UZ Leuven, Herestraat 49, 3000 Leuven or [contractenLUFC@uzleuven.be](mailto:contractenLUFC@uzleuven.be).