

# Guidelines for sperm donation

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*Birmingham, Alabama*

## I. Introduction

Therapeutic donor insemination (TDI) may be employed to achieve conception where appropriate indications exist. The clinical procedures should take into account the age and health status of the recipient.

## II. Indications for Considering TDI

- A. The male partner has azoospermia, severe oligospermia, or other significant sperm or seminal fluid abnormalities.
- B. The male partner has ejaculatory dysfunction.
- C. In assisted reproductive technologies (in vitro fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer), the male partner demonstrates significant male factor infertility (i.e., previous failure to fertilize, significant oligoasthenospermia, male immunologic infertility) and in vitro fertilization (IVF) with intracytoplasmic sperm injection (ICSI) is not elected or feasible.
- D. The male partner has a significant genetic defect and the recipient also is known either to be affected or to be a carrier of it; or the recipient has previously produced an offspring affected by a condition and carrier status cannot be determined.
- E. The male partner has an ineradicable sexually transmissible infection.
- F. The female partner is Rh-negative and severely Rh-immunized, and the male partner is Rh-positive.
- G. Females without male partners.

## III. The Recipient

- A. The decision to proceed with donor insemination is complex, and patients may benefit from psychological counseling to aid in this decision. The phy-

sician should offer psychological counseling to all couples, and should require psychological consultation for couples in whom factors appear to warrant further evaluation.

- B. Consent forms should be signed by the couple or by the recipient if she is single.

## IV. Evaluation of the Male Partner

- A. The male partner in any couple that requests TDI should have completed an appropriate clinical evaluation. Medical records should be reviewed before performing the insemination procedure. If appropriate, alternative treatments should be discussed with the couple.
- B. Human immunodeficiency virus (HIV) testing of the male partner is strongly recommended to address potential medical/legal complications that could arise if his partner seroconverts during or after TDI. In addition, if the male partner is HIV infected, he should be referred to an appropriate infectious disease unit for counseling on safe sex practices for preventing HIV transmission, on treatment options, and on other issues concerning HIV disease. A positive HIV-1 test result for the male partner should not be used as an exclusionary criterion for treatment of a couple with TDI, provided that the semen is provided by an HIV-1 negative donor.
- C. Testing for other sexually transmissible infections (STIs) should be recommended.

## V. Evaluation of the Female Recipient

- A. Medical and Reproductive History  
Routine medical and reproductive history should be obtained according to