

ROCHESTER REGIONAL CRYOBANK AND ANDROLOGY LABORATORY
CONSENT FOR CRYOPRESERVATION OF SPERM

This agreement is entered into by Rochester Regional Cryobank (RRC) and Patient (sperm depositor), _____, with reference to the following facts:

I will provide semen samples for freezing and storage by the Rochester Regional Cryobank (RRC). I understand that multiple samples may be required to achieve one or more pregnancies and there is no guarantee in a pregnancy.

RRC shall freeze and store the vials of patient depositor's semen until the contract is terminated making every reasonable effort to keep my specimens safe.

- I (client depositor) agree to pay RRC an annual yearly storage fee to maintain my samples. Failure to pay this fee will result in my account being transferred to a collection agency. If storage is still not paid after 1 year, all samples will be destroyed without my (client depositor's) permission.

Client depositor's signature: _____
RRC staff witness: _____

- I (client depositor) will inform RRC of any address or telephone changes.

Client depositor's signature: _____
RRC staff witness: _____

For the protection of any eventual recipient of my sperm, I agree to be tested within one month of my sperm banking for the following sexually transmitted diseases and have the results sent to Rochester Regional Cryobank: HIV, HTLV, Hepatitis B, Hepatitis C, and CMV.

Client depositor's signature: _____
RRC staff witness: _____

- I give RRC permission to discuss the results of my sperm banking and/or blood testing with my: (check all that apply and include name)
 - _____ spouse/partner _____
 - _____ parent _____
 - _____ physician _____

In the event of a divorce or separation, I (patient depositor) will notify RRC of any desired changes regarding disposition of my samples.

- If I (client depositor) become incapable of making decisions regarding disposition of my samples due to disease, aging, or death, I wish my samples to be:

_____ Destroyed

_____ Used for insemination of my wife or intimate partner to produce a pregnancy that may result in a child who will be raised in my absence.

- In the event of my death, I wish my samples to be used no longer than _____ years following my death, my samples will then be destroyed no matter whom the samples were left to.

Client depositor's signature: _____

RRC staff witness: _____

RRC shall release patient's semen only to him or his designee and only with written authorization of the patient.

- If a patient depositor wishes to have their sperm destroyed, written authorization is required with a photo copy of a driver's license.

Client depositor's signature: _____

RRC staff witness: _____

- If storage bills go unpaid, I (client depositor) will be sent to collection. If storage bills go unpaid for over 1 year and RRC has exhausted all attempts to contact me (client depositor), all samples stored at the RRC will be destroyed with out my (client depositor's) permission. I understand the importance of keeping RRC updated on any address or telephone changes.

Client depositor's signature: _____

RRC staff witness: _____

RRC retains the right to terminate hospital participation in sperm bank procedures for any reason. If such procedures are terminated, the lab will arrange for any sperm that has been stored to be transferred in accordance with my desires and at my expense.

Patient Depositor (print name): _____

Signed (Patient Depositor): _____

Date: _____

Witnessed by (RRC staff): _____