

### IVF CONSENT FOR CRYOPRESERVATION OF SPERM

I, \_\_\_\_\_ would like to preserve my sperm (ejaculated, epididymal, or testicular) prior to the In Vito Fertilization (IVF) cycle that my wife and I are planning within the next six months. The sperm will be frozen according to laboratory procedure. A small, separately frozen portion will be thawed within a two week time period to test the post-thaw motility and survival. This will give an indication of the effects on freezing the sperm and its potential usefulness.

I understand that it is normal for sperm motility to be less after freezing and thawing compared to the original fresh sample. There is no guarantee that the sperm will survive storage, there is evidence that there may sometimes be degradation of frozen sperm samples with time. There is also the possibility that under situations beyond laboratory control (such as, but not limited to breakage of tanks, loss of liquid nitrogen) that specimens may thaw in an uncontrolled manner and therefore not be viable. I have been informed of both possibilities and accept these risks.

The hospital and/or laboratory also retain the right to terminate hospital participation in banking procedures for any reason. In such an instance, the laboratory will arrange transportation to another facility in accordance with my desires and at my expense, or will dispose of the samples if I wish.

I hereby agree that any sperm which the laboratory determines non-viable or otherwise not suitable for use, may be disposed of in accordance with hospital/laboratory policies.

In the event of my death, I wish for any frozen sperm to be handled in the following manner:

\_\_\_\_\_ Discard

\_\_\_\_\_ Use to impregnate my wife/partner if she so desires

I understand that this sample will be discarded 3 months after completion of our IVF cycle unless we plan another cycle. Testicular, epididymal and severe male factor samples will be kept indefinitely unless I sign a notarized consent to discard them. If I choose to continue storing sperm, I understand there will be a yearly storage fee. I further understand that my insurance company may not cover this procedure, and therefore I will be billed for the service provided at the current price.

Patients name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Patients (signature): \_\_\_\_\_

Witness: \_\_\_\_\_