

STRONG FERTILITY CENTER

CONSENT FOR CRYOPRESERVATION OF SPERM

This contract is entered into by Strong Fertility Center (SFC) and Patient (Sperm Depositor),
_____, with agreement to the following terms:

1. I will provide semen samples for freezing and storage by SFC. I understand that multiple samples may be required to achieve one or more pregnancies, and there is no guarantee of a future pregnancy from stored samples.
2. SFC shall freeze and store the samples of my semen until the contract is terminated, making every reasonable effort to keep the samples safe. I understand that equipment malfunction or technical error may occur and result in the loss of my sperm.
3. For the protection of any eventual sperm recipient, I agree to be tested for the following sexually transmitted infections, and will have the results sent to SFC: HIV, HTLV, Hepatitis B, Hepatitis C, and CMV.
4. I give SFC 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(s) _____
 - Physician _____
5. If I becomes incapable of making decisions regarding the disposition of samples due to disease, aging, or death, all samples will be (check one and include name):
 - Designated to Sperm Depositor's wife or intimate partner (Sperm Recipient),
_____ DOB: _____ who may choose to use samples to produce a pregnancy that may result in a child.
 - Destroyed
6. In the event of a divorce, separation, marriage, or change in status of intimate partner, I will notify SFC of any desired changes regarding disposition of samples in the event that Sperm Depositor becomes incapable of making decisions regarding the disposition of samples due to disease, aging, or death.
7. In the event of my death, samples may be used by Sperm Recipient no longer than _____ years following death, after which all samples will be destroyed.
8. If there is no designated Sperm Recipient at the time of my death, all samples will be destroyed.
9. If I wish to have my samples destroyed, written authorization is required with a photo copy of my driver's license.

10. If storage bills go unpaid, I will be sent to collection. If storage bills go unpaid for over 1 year and SFC has exhausted all attempts to contact me, all samples stored at SFC will be destroyed without my permission. _____(Sperm Depositor Initials). I understand the importance of keeping SFC updated on any address or telephone changes.
11. In the event of my death, the responsibility of unpaid storage fees will be assumed by _____ DOB: _____
12. If designated individual does not wish to assume responsibility for payments, my samples will be destroyed.
13. SFC 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.

Sperm Depositor (print name)

Date of Birth

Sperm Depositor (signature)

Date

Witness, SFC staff (print name)

Witness, SFC staff (signature)

Date