

CONSENT FOR CRYOPRESERVATION OF SPERM

I, _____ would like to **preserve/not preserve** my sperm (ejaculated, epididymal or testicular) prior to the In Vitro Fertilization (IVF) cycle that my wife and I planning within the next six months. The sperm will be frozen according to laboratory procedure, and a small, separately frozen portion, will be thawed sometime within the following two weeks, to test the post-thaw motility and survival. This will give an indication of the effects of freezing on the sperm and its potential usefulness.

I understand that it is usual for sperm motility to be less after freezing and thawing than in the original fresh sample, and that there is no guarantee that the sperm will survive storage, as there is evidence that there may sometimes be degradation of frozen sperm samples with time. There is also the possibility that under situations beyond the laboratory's 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 of these possibilities and accept these risks.

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

I hereby agree that any sperm, which the laboratory determines are 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:

- Discarded
- Used to impregnate my wife if she so desires

I understand that at the time of collection and freezing I will be responsible for the \$110 cost associated with sperm cryopreservation. Furthermore, 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 to store sperm I understand there will be a charge for storage. I further understand that my insurance company may not cover this procedure, and therefore I will be billed at the current price for this service.

I have been informed that the Strong Fertility Center strongly recommends banking a sample prior to the IVF retrieval, in case sperm sample collection the day of oocyte retrieval is not possible due to any reason or unforeseen circumstance. I can however, choose not to bank a sperm sample in which case I assume all risk and responsibility, and waive the Strong Fertility Center, its employees, and its agents of any liability, if in fact a sperm source is not obtained the day of oocyte retrieval. My initials (_____) attest to my understanding of the risks, and my desire to proceed without a banked sperm sample.

Patient _____
Physician _____

Date _____
Date _____