

Delaware Valley Institute of Fertility & Genetics Andrology Lab
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CONSENT FOR TRANSPORTATION AND STORAGE OF CRYOPRESERVED SEMEN

Owner: _____ Date: _____
Partner: _____ Date: _____
(if applicable)

- 1) I/We, the undersigned, currently have semen in cryogenic storage located at _____ . I/We wish to have my/our cryopreserved semen, which is stored in vials or “straws,” transferred to the Delaware Valley Institute of Fertility & Genetics located in Marlton, New Jersey.
- 2) At my/our expense, I/we will arrange for the transportation of the vials or straws, in a properly maintained cryopreservation tank, to the Delaware Valley Institute of Fertility & Genetics. I/We will deliver the vials or straws at a pre-arranged time agreed to by the Delaware Valley Institute of Fertility & Genetics. The vials or straws will be accompanied by appropriate documentation containing identifying information, dates of storage, method of cryopreservation and the suggested thawing procedure.
- 3) I/We acknowledge Delaware Valley Institute of Fertility & Genetics have no responsibility whatsoever for the initial cryopreservation of my/our semen, the labeling of the vials or straws, their storage at another facility or their transportation to the Delaware Valley Institute of Fertility & Genetics (together, the “Prior Acts”). I/We hereby release and hold harmless the Delaware Valley Institute of Fertility & Genetics from any claims, costs, losses, or liabilities in any way arising out of or related to the Prior Acts.
- 4) I/We hereby consent to the storage of my/our semen at the Delaware Valley Institute of Fertility & Genetics for a period of up to five (5) years. I/We understand that there is a fee charged for such storage, which is currently \$600 per year billed quarterly. After five years, any remaining frozen semen will be moved to a long-term storage facility as arranged by me/us.
- 5) I/We understand that, should we choose to use any of my/our semen to try and establish a pregnancy, that not all semen will survive the thawing process and that the quality and viability can only be determined at the time of thawing. Only sperm, which appear viable after thawing, will be used to try to establish a pregnancy. I/We release the Delaware Valley Institute of Fertility & Genetics from any liability related to the viability of my/our semen stored at the Delaware Valley Institute of Fertility & Genetics.
- 6) **I/We understand that it is my/our responsibility to notify the Delaware Valley Institute of Fertility & Genetics of any change in my/our address. In the event that I/we are more than one year in arrears on payment of the annual storage fees, my/our invoice will be forwarded to collections and after two years, I/we consent to the Delaware Valley Institute of Fertility & Genetics removing my/our vials or straws from storage and destroying and discarding them, unless I/we notify the Delaware Valley Institute of Fertility & Genetics of alternative disposition of my/our semen.**

7) I/We acknowledge that no guarantee or assurance has been made to me/us regarding the viability of my/our semen. I/We have had the opportunity to ask any questions I/we may have and all my/our questions have been fully answered. I/We confirm that I/we have read and fully understand the above. I/We agree to the terms stated above.

Owner:

Partner: (if applicable)

Signature

Signature

Print Name

Print Name

Address

Address

Date

Date