

Semen Cryopreservation Consent

The Andrology Laboratory of Delaware Valley Institute of Fertility & Genetics provides storage services for your frozen specimens. Please read the sperm cryopreservation consent carefully and sign at the bottom.

- It is my responsibility to contact DVIFG's Andrology Laboratory when I wish to discontinue cryopreservation storage services. I will be given the consent form for the disposition of my sample. It is my responsibility to fill out the form appropriately and return to the laboratory. I will be responsible for accrued storage fees until the laboratory receives appropriately filled out consent form.
- It is my responsibility to contact DVIFG's Andrology Laboratory with any change of name, address, phone, or other pertinent contact information.
- In the event of non-payment, DVIF&G will attempt to contact you for accrued storage fees. If no payment is made within 6 months, DVIF&G reserves the right to discard the cryopreserved specimens.
- In the event the patient dies prior to use of all cryopreserved semen, I agree that the semen should be disposed of in the following manner:
 - Award to patient's spouse, partner or family member: Please Specify _____
 - Award for research purposes, but will not result in the birth of a child.
 - Destroy the cryopreserved semen.
 - Other disposition (please specify) _____
- All storage tanks are connected to alarms for continuous monitoring. Everything within our power will be done to protect your frozen samples. Unforeseen situations could occur which are out of the control of DVIFG, such as fire, earthquake or other natural disasters that can affect the cryopreserved sample. In such a case, I do not hold DVIFG and its staff responsible or liable for the integrity of the sample.
- Fees are as follows:
 - \$150.00 Cryopreservation fee per collected sample
 - \$150.00 Quarterly storage fee (independent of # of vials)

**This specimen can be used in my absence by my partner _____ for fertility treatment and to achieve pregnancy.

I hereby certify that I have read and understood all of the above information. I have had the opportunity to address all my questions and concerns and have received satisfactory answers. I agree to participate in cryopreservation services. In so doing, I assume the obligation to comply with the stated requirements and restraints and I accept all of the risks. My participation is voluntary.

Patient

Date

Witness

Date