

CONSENT FOR THE RELEASE OF CRYOPRESERVED SEMEN

I/We hereby request and authorize Delaware Valley Institute of Fertility & Genetics to release my/our cryopreserved semen identified below, directly to me/us or to _____ (specify persons or entity).

Delaware Valley Institute of Fertility & Genetics previously stored this semen at my/our request. I/We now wish to have this semen transferred to another medical facility. I/We understand that to continue to preserve the original biological properties of the semen, it must remain cryopreserved in liquid nitrogen until such time as it is to be thawed according to the method specified by Delaware Valley Institute of Fertility & Genetics

I/We have been provided adequate opportunity to ask any questions I/we may have regarding the process of removing my/our semen from storage and all of my/our questions have been answered to my/our satisfaction.

I/We understand that we have full and sole responsibility for the transport and disposition of our semen once it is released by Delaware Valley Institute of Fertility & Genetics to me/us or to the person or entity designated by me/us above. I/We agree to assume full responsibility for all costs incurred relating to the transport, subsequent processing, storage and use of my/our semen. This cost may or may not be covered by my/our insurance. I/We hereby indemnify, release and hold harmless Delaware Valley Institute of Fertility & Genetics and its physicians, employees, trustees, officers and agents from any and all liabilities, claims, losses, damages or causes of action arising out of or relating to any events occurring with respect to the transport, storage, thawing or any use of my/our semen to try to establish a pregnancy.

Vials to be Released: _____

Vials Remaining at Delaware Valley Institute of Fertility & Genetics: _____

Type of Specimen:

____ Ejaculate

____ Testicular Aspirate

____ Frozen Donor Semen ID#: _____

Cryobank: _____

Name of Owner

Witness Name

Signature of Owner

Witness Signature

Date

Current Address of Owner: _____

Delaware Valley Institute of Fertility & Genetics
6000 Sagemore Drive, Ste 6102, Marlton, NJ 08053
Telephone # (8564) 988-0072 Fax # (856) 988-0072

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To be completed by facility receiving sperm:

I acknowledge that each vial containing the semen of _____

OR

I acknowledge that each vial containing Donor Semen # _____ from Cryo Bank
_____ was received by me in good condition and cryopreserved in liquid
nitrogen.

Time and Date Received: _____

Received By: _____

Signature: _____

ID Confirmed By: _____

Staff Signature: _____

Delaware Valley Institute of Fertility and Genetics

Instructions for Transport of Specimens Stored in Liquid Nitrogen

Introduction

The safe handling of liquid nitrogen requires knowledge of its potential hazards. There are two important properties of liquid nitrogen that are potential hazards:

1. It is extremely cold.
2. Very small amounts of liquid vaporize into large amounts of gas which can displace normal air.

Do not attempt to handle liquid nitrogen until you read and fully understand the potential hazards, their consequences and related safety precautions.

The amount of liquid nitrogen in the transport container is small, 500mls. For safety purposes DO NOT OPEN THE CONTAINER. The liquid nitrogen should be left to evaporate in the container. If left to evaporate in the container, the liquid nitrogen should be totally evaporated by approximately six hours. To prevent injury due to spillage, keep the styrofoam container upright at all times.

Handling Liquid Nitrogen

Handle liquid nitrogen carefully. Contact of liquid nitrogen with the skin or eyes may cause serious freezing (frostbite) injury . Never allow any unprotected part of your body to touch objects cooled by liquid nitrogen.

Liquid nitrogen gas is colorless, odorless, and tasteless. Breathing in an atmosphere which has the oxygen concentration reduced due to excessive amounts of liquid nitrogen can cause dizziness and difficulty in breathing.

Note: The cloudy vapor that appears when liquid nitrogen is exposed to the air is condensed moisture: not the gas itself.

Never dispose of liquid nitrogen in confined areas. When pouring liquid nitrogen, pour slowly on gravel or bare earth where it can evaporate without causing damage. Do not pour the liquid on pavement.

First Aid Notice

If exposed to liquid nitrogen, restore tissue to normal body temperature (96.8 degrees F) as soon as soon as possible, followed by protection of the injured tissue from further damage and infection.

If a person seems to become dizzy or has difficulty breathing while exposed to liquid nitrogen, move them to a well-ventilated area immediately. Keep warm and at rest. If symptoms persist, please consult a physician.