

Donor Sperm Packet

Friendly Reminders

- Please fill out order form and return to office each time you order donor sperm
- If you change donors you must fill out new forms and consents
- If going through IUI procedure please purchase IUI or washed donor sperm
- If going through IVF procedure please purchase ICI or unwashed donor sperm
- You also need Consent for Artificial Insemination (married or unmarried)
- Please fill out Section I of the State Consent and bring back to the office before your procedure
- Any questions please contact the lab for further assistance 856-988-0072 ext 4
- All forms must be completely filled out and returned to the office before you order your donor sperm

Donor Sperm Banks

Bank Name	Contact Information
** California Cryobank	11915 La Grange Ave Los Angeles, CA 90025 1-800-977-3761 www.cryobank.com
Cryobiology Incorporated	4830-D Knightsbridge Blvd Columbus, OH 43214 1-800-359-4375 www.cryobio.com
Cryos International	90 Maiden Lan, Suite 302 New York, NY 10038 1-866-366-6777 https://www.cryosinternational.com/
** Fairfax Cryobank	3015 Williams Drive, Suite 110 Fairfax, VA 22031 1-800-338-8407 www.fairfaxcryobank.com
** Manhattan Cryobank	877 Park Avenue New York, NY 10075 1-877-396-2796 www.manhattancryobank.com
Midwest Sperm Bank	4333 Main Street Downers Grove, IL 60515 1-630-810-0217 www.midwestspermbank.com
New England Cryogenic	153 Needham Street Newton, MA 02464 1-800-991-4999 www.necryogenic.com
Northwest Cryobank	508 West 6 th , Suite 610 Spokane, WA 99204 1-800-786-5251 www.nwcryobank.com
Pacific Reproductive	444 De Haro Street, Suite 222

The Sperm Bank of California	San Francisco, CA 94107 www.pacrepro.com 2115 Milvia Street, Suite 201 Berkeley, CA 94704 1-510-841-1858
Seattle Sperm Bank	www.thespermbankofca.org 4915 25 th Avenue NE, Suite 204 Seattle, WA 98105 1-800-709-1223
** Xytex Corporation	www.seattlespermbank.com 1776 Peachtree Street, Suite 175 Atlanta, GA 30309 1-800-277-3210 www.xytex.com

Denotes Sperm Banks that are commonly used for sperm purchase

If doing IUI procedure please purchase IUI or washed specimens

If doing IVF procedure please purchase ICI or unwashed specimens

Any questions please contact a lab staff member who will be happy to help you 856-988-0072 ext 4

Delaware Valley Institute of Fertility & Genetics

6000 Sagemore Drive Suite 6102
Marlton, NJ 08053
PH:(856) 988-0072 FAX: (856) 988-0056

(To be filled out and returned for each order of Donor Sperm)

DONOR SPECIMEN ORDER FORM

I _____ request Delaware Valley Institute of Fertility & Genetics to receive Donor # _____, # of vials _____ from the Cryobank _____.
The description/profile of Donor # _____ is as follows:

FROZEN DONOR SPERM STORAGE BILLING POLICY

1.

Fee for the donor sperm plus shipment charges and facilities fees must be paid in full prior to ordering the specimen. If you have any question please call the Laboratory (856) 988 – 0072 ext. 19.

If the patient uses all stored donor samples within the first three months from the time of receiving specimen, there will not be any storage fee charges. The storage fee charges will be applied after the third month as described above.

The Billing for the storage of sperm (patient/donor sperm) will occur four times a year at the end of each yearly quarter (March/June/Sept/Dec).

There will not be any reimbursement for the unused storage time.

If the patients decide to terminate their participation agreement, they should advise our office immediately. They will be requested to fill out the appropriate documents.

Patient Signature

Date

Witness

Date

Delaware Valley Institute of Fertility & Genetics Andrology Lab
6000 Sagamore Drive, Ste. 6102, Marlton, NJ 08053
Telephone # (856) 988-0072 Fax # (856) 988-0056

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