

IVF Consent for Cryopreservation of Sperm

I, _____ would like to preserve my sperm 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 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 retains 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 this sample will be discarded 3 months after completion of our IVF cycle, unless we plan another cycle. If I choose to continue to store sperm I understand there will be a charge for storage.

Patient _____

Date _____

Physician _____

Date _____