

CONSENT FORM FOR CRYOPRESERVATION AND STORAGE OF HUMAN SEMEN

I, _____, age _____ a married / unmarried male, (circle one)
(male name)

residing at _____
(male's address)

_____ do hereby

request the cryopreservation and storage of my semen / TESA sample by IHR for use in an Intrauterine Insemination (IUI) or In Vitro Fertilization (IVF) procedure / ICSI

I. PROCESS

I (we) understand that the process of semen / TESA sample cryopreservation and storage involves:

- a. Semen collection after a period of at least three days' abstinence.
- b. Semen freezing which consists of semen dilution with a cryoprotective solution, placing the semen in small tubes, cooling, freezing and storing the specimens in liquid nitrogen.

II. RISKS ASSOCIATED WITH SEMEN STORAGE

It is generally accepted that cryopreservation and storage of semen is a useful and safe procedure, which maintains the potential reproductive function of human sperm after storage in liquid nitrogen.

I (we) understand that:

- a. Cryopreservation and thawing of human semen usually result in decreased sperm concentration and motility, reduced sperm ability to penetrate the cervical mucus and a reduced sperm life span in the female reproductive tract.
- b. The ability of sperm to survive the cryopreservation/thawing procedure depends on the sperm concentration and motility in the fresh semen sample, and does not appear to be affected by the length of the cryopreserved semen.
- c. There is also the possibility that none of my sperm will survive the cryopreservation procedure.
- d. There is no guarantee that a pregnancy will result from the use of my cryopreserved sperm.
- e. If a pregnancy should occur from future use of any or all of my cryopreserved semen, the same complications of pregnancy and childbirth could occur as with a pregnancy resulting from sexual intercourse. It is possible that the resulting child or children could be born abnormal possess undesirable traits, hereditary tendencies, or any of the other problems or disabilities of children conceived by sexual intercourse.
- f. Unforeseen occurrences such as natural disasters could result in the loss of one or all of my stored semen samples at IHR and I understand that IHR and its staff cannot guarantee against all possible factors that might result in specimen loss, and therefore, I hold harmless IHR, its staff, consultants, heirs, directors, and/or owners under such circumstances.

Signature of Consultant:

Signature of the Male partner:

Signature of the Female partner:

Signature of Consultant:

III. SEMEN DISPOSITION

a. I (we) understand that IHR has set a storage limit of five years (from the date of cryopreservation). If at the end of the five years period, I (we) have not utilized the cryopreserved samples, I (we) agree that IHR may, dispose the cryopreserved samples in manner as agreed by me in this consent form.

- Discard
- Donate

b. I (we) acknowledge that I am financially responsible for the freezing and storage of the semen and should I fail to pay the freezing & storage fees in time, (monthly/annually) the semen will be disposed of in manner as agreed by me in this consent

- Discard
- Donate

c. I (we) understand that all storage fees must be paid in advance on monthly/annual basis. It is my responsibility to contact IHR prior to the expiration stipulated time and to deposit the storage charges in time.

d. In the event of my death, the IHR is authorized to do the following with my sample.

- Discard
- Donate
- Comply with any decisions of my surviving wife. (hold true if married)

e. In the event of death of me and my wife, the IHR is authorized to do the following with my sample. (hold true if married)

- Discard
- Donate

f. Testing of HbsAg, HIV I, II, HCV, VDRL must be negative within 6 (six) months of sample preservation. I willingly authorize IHR to draw and test my blood for presence of above infectious agents. I understand and agree that if my blood tests positive for any or all of the above infectious agent, IHR reserves the right to immediately dispose of all fresh or frozen semen vials in its possession. Thus, this terminates the Storage Agreement.

g. This Agreement is effective from _____ to _____.

Signature of the Male partner:

IV. AUTHORIZATION

I authorize

Name	Signature	Address
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a.

b.

for release of my cryopreserved semen sample(s) in my absence

Signature of the Female partner:

Hope lives here...

IHR

Signature of the Male partner:

VI. All the above points are well explained to me in the language which I can understand and one copy of this form is handed over me.

Name:

Parent/Guardian Name:
(If under 18 years of age)

Signature:

Address:

Parental Signature:
(If under 18 years of age)

Email Address

Phone:

Consultant Signature
Name:

Signature of the Female partner:

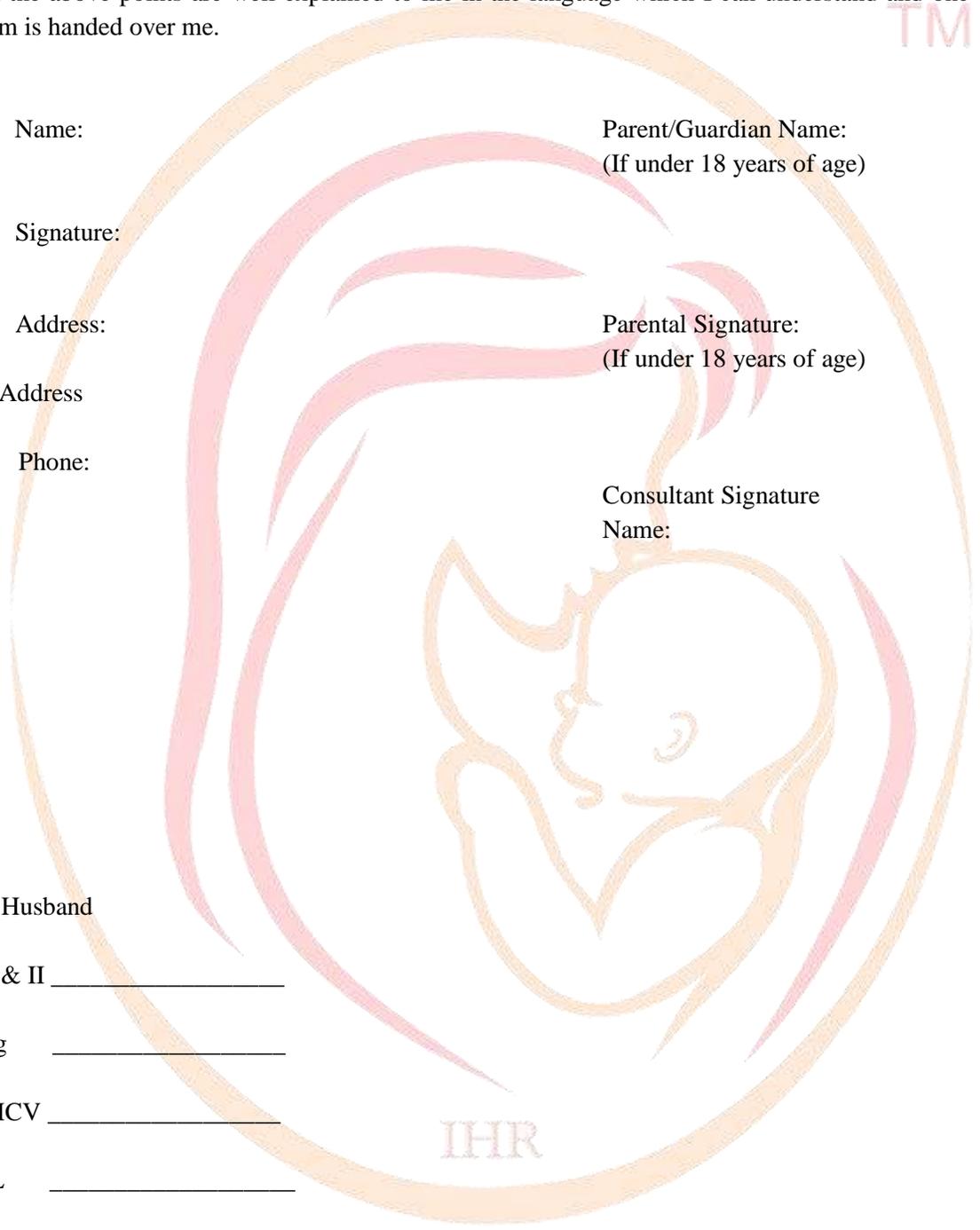
Viral markers of Husband

HIV I & II _____

HbsAg _____

Anti HCV _____

VDRL _____



TM

IHR

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