

**Fertility Storage, Inc.**  
4700 E. 13 Mile Road  
Warren, Michigan 48092

**CONSENT FORM FOR CRYOPRESERVATION AND STORAGE OF HUMAN SEMEN**

I, \_\_\_\_\_, a married / unmarried male, (circle one)  
(male name)

residing at \_\_\_\_\_ do hereby  
(male's address)

request the cryopreservation and storage of my semen by the Fertility Storage, Inc. (FSI) for use in an Intrauterine Insemination (IUI) or In Vitro Fertilization (IVF) procedure.

**I. FACTS**

It is generally accepted by cryobiologists and the Reproductive Council of America of Tissue Banks 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.

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. 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 storage.

**II. PROCESS**

I understand that the process of semen cryopreservation and storage involves:

1. Semen collection after a period of at least two days abstinence.
2. 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.

### III. RISKS ASSOCIATED WITH SPERM STORAGE

I understand that:

1. Cryopreservation and thawing of human semen generally result in decreased motility and sperm concentration. There is also the possibility that none of my sperm will survive the cryopreservation procedure.
2. There is no guarantee that a pregnancy will result from the use of my cryopreserved sperm.
3. Although there is no evidence of increased birth defects from the use of cryopreserved semen, a risk of miscarriage, stillbirth or congenital anomalies still exist as with any pregnancy.
4. A laboratory accident may occur and result in the loss of one or more specimens.

### IV. FINANCIAL RESPONSIBILITY

1. I understand that insurance coverage may not be available for this procedure. Therefore, I agree to be personally responsible for the expenses of semen banking. These expenses include the fee for cryopreservation and processing is currently **\$300.00** (per semen sample). An additional annual storage fee of **\$300.00** will be billed on a yearly basis if I desire to continue the semen storage at the for Michigan Center for Fertility and Women's Health, PLC longer than one year.  
*\*Fee is N/A for IVF patients. Please see Addendum to Cryopreservation of Sperm Consent.*
2. I understand that all storage fees must be paid in advance on an annual basis. **It is my responsibility to notify the Fertility Storage, Inc. (FSI) of any change in my address so that they may notify me of the annual charges. I understand and hereby agree that my failure to provide the Fertility Storage, Inc. (FSI) with my current address and/or to pay storage fees will result in discontinuation of the specimen(s) storage.**

*\*Fees are subject to change without notice.*

**V. OWNERSHIP OF SEMEN SPECIMEN**

In the event of my death or disability, I hereby acknowledge and agree that ownership and control as to the use or disposition of my stored semen specimen(s) will be held by:

(Check and initial **ONE** of the following options)

\_\_\_\_\_ 1. I choose to have my semen thawed and medically disposed in accordance with the Fertility Storage, Inc. (FSI) policies.

\_\_\_\_\_ 2. I choose to have my semen thawed and used for IUI or IVF of my partner, \_\_\_\_\_  
(Name of the designated person)

\_\_\_\_\_ 3. Other (Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The potential risks and benefits of semen collection, freezing and storage have been explained to me. I understand that there is risk of sperm damage as a result of the freezing and thawing process. I certify that I have read and understand this consent and have been given the opportunity to ask any questions I may have about this procedure.

I do hereby expressly release, discharge and hold harmless both on my behalf as well as on behalf of my heirs and assigns the Fertility Storage, Inc. (FSI), its physicians, employees and other agents from any and all claims of liability which I or my heirs and assigns have or might have, arising out of or resulting from the collection, cryopreservation, thawing and storage of my semen, including any and all claims of liability for the conception of a child by my frozen sperm who may be born with birth defects, or to the loss, misplacement or mishandling of my sperm.

\_\_\_\_\_  
Signature of Male Date

\_\_\_\_\_  
Printed Name of Male Date

\_\_\_\_\_  
Signature of Fertility Storage, Inc. (FSI) Witness Date