

Consent to Cryopreserve and Store Human Semen/Testis Tissue

I, _____, residing at
(male patient name)

(patient address)

do hereby request the cryopreservation and storage of my semen/testis tissue by Michigan Center for Fertility and Women's Health, PLC (MCFW) and Fertility Storage, Inc. (FSI) for use in an Intrauterine Insemination (IUI) or an In Vitro Fertilization (IVF) procedure.

Please initial one (1) selection below:

_____ I understand that I am providing my semen/testis tissue to be used for the fertilization of oocytes from (partner name) _____, with the intention of fatherhood.

_____ I understand that I am providing my semen/testis tissue to be used for the fertilization of oocytes from (female name) _____, with the intention of being a directed (known) sperm donor.

_____ I understand that I am providing my semen/testis tissue to be used for the fertilization of donor oocytes owned by (patient name(s)) _____, with the intention of fatherhood.

_____ I understand that I am providing my semen/testis tissue to be used for the fertilization of donor oocytes owned by (female name) _____, with the intention of being a directed (known) sperm donor.

_____ I understand that I am providing my semen/testis tissue strictly for cryopreservation at this time.

About Semen/Testis Tissue Cryopreservation

It is generally accepted by cryobiologists and the Reproductive Council of the American Association of Tissue Banks that cryopreservation and storage of semen/testis tissue is a useful and safe procedure that 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.

Process

I fully understand that the process of human semen/testis tissue cryopreservation and storage involves:

- a. Human semen/testis tissue freezing which consists of semen dilution with a cryoprotective solution
- b. Placing the human semen/testis tissue in small tubes
- c. Cooling, freezing and storing the specimens in liquid nitrogen

Risks

I fully understand that the process of human semen/testis tissue cryopreservation and storage involves the following risks:

- a. Cryopreservation and thawing of human semen/testis tissue usually result in decreased sperm concentration and motility
- b. There is a possibility that my sperm/testis tissue will not survive the cryopreservation/thawing procedure
- c. There is no guarantee that a pregnancy will result from the use of my cryopreserved specimen(s)
- d. Although there is no evidence of increased birth defects from the use of cryopreserved semen/testis tissue, the risk of miscarriage, stillbirth or congenital anomalies (birth defects) still exist as with any pregnancy
- e. Cryopreservation uses mechanical support systems and, thus, carries with it the risk of equipment failure and other laboratory accidents. Although reasonable care is used to maintain all cryopreservation equipment in proper function, the risk of equipment failure, laboratory accidents, or other unforeseen events is inherent and unavoidable and may result in the loss of some or all for the cryopreserved specimen(s).

Financial Responsibility

I understand that my insurance may not cover this procedure and/or costs of storage. Therefore, I agree to be personally responsible for the expenses associated with cryopreservation. These expenses include the fee for cryopreservation and processing each specimen. An additional storage fee of **\$300.00** will be billed annually if I choose to continue tissue storage at FSI.

I understand that all storage fees must be paid annually by the due date presented to me. It is my responsibility to notify MCFW or FSI of any change in my address so that I may be notified of the annual charges. I understand that FSI will make reasonable attempts to establish my whereabouts. I understand and hereby agree that my failure to provide MCFW or FSI with my current address and/or to pay the required storage fees will result in discontinuation of the specimen(s) storage.

Ownership of Semen/Testis Tissue Specimens

In the event of my death or disability that does not allow me specifically to make decisions regarding my stored semen/testis tissue specimens, I hereby acknowledge and agree that ownership and control regarding the use or disposition of my cryopreserved specimen(s) are as follows:

WARREN
4700 13 Mile Road
Warren, MI 48092
P: 586-576-0431
F: 586-576-0924

LAKE ORION
1455 S Lapeer Road #111
Orion Charter Twp, MI 48360
P: 586-576-0431
F: 586-576-0924

BLOOMFIELD HILLS
4190 Telegraph Rd, Ste 1500
Bloomfield Hills, MI 48302
P: 248-203-0900
F: 248-203-0902

PLYMOUTH
9365 Haggerty Rd
Plymouth, MI 48170
P: 248-203-0900
F: 248-203-0902

Please initial one of the following options:

_____ I choose to have my semen/testis tissue thawed and used for IUI or IVF by my partner, _____.

_____ I choose to have my semen/testis tissue thawed and medically disposed of in accordance with company policies.

Other (specify): _____

Waiver and Release

I do hereby expressly release, discharge and hold harmless both on my behalf as well as on behalf of my heirs and assigns, and hereby forever release Michigan Center for Fertility and Women's Health PLC, FSI, its physicians, employees and other agents from any and all claims of liability which I or my heirs and assigns may or might have, arising out of or resulting from the collection, cryopreservation, thawing and store of my semen/testis tissue, 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/testis tissue.

The potential risks and benefits of semen/testis tissue collection, cryopreservation, and storage have been explained to me. I understand that there is a risk that the sperm/testis tissue may be damaged 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 regarding this procedure.

Patient Name _____ DOB _____

Patient Signature _____ Date _____

Partner Name _____ DOB _____

Partner Signature _____ Date _____

MCFW or Fertility Storage Inc Signature _____ Date _____

OR

Notary _____ Date _____