

Patient Consent to Sperm Cryopreservation and Storage

I _____ agree to have semen analyzed, frozen and stored for use at a later date. I understand that the sperm will only be stored if there is a good chance for viability after thawing. I understand there is no guarantee that the sperm will be viable after thawing, even if a test thaw shows movement, nor that pregnancy will occur with the use of frozen sperm.

I agree to pay the fee for sperm freezing and the first year storage. I understand that after the first year storage I may specifically request a continuance of frozen storage, but I have to pay the storage fee (\$350 annually), otherwise, the frozen sperm samples will be, at our discretion, thawed and disposed of.

I understand that I may, upon submission of a written notarized request, have all of the frozen sperm destroyed or transferred to another facility.

I understand that I am responsible for keeping the USF IVF informed of my current address. I understand that USF IVF may destroy the frozen sperm samples if my account is more than 90 days past due or if no appropriate arrangements for the disposition of these samples are made.

In the event of my death, I wish (initial one)

_____ For the USF IVF to discard all my frozen sperm samples

_____ For my spouse designated below to be responsible for the disposition of my frozen sperm samples

Printed Name of Designee: _____

Signature of Designee: _____

The USF IVF will store an indefinite number of cryopreserved sperm samples for you. They may be used at this facility or released to an authorized medical facility at your request.

By these presence I do hereby absolve, release, indemnify, protect, and hold harmless from any and all liability for affirmative acts or acts of omission which may arise during the performance of this agreement including but not limited to, failure of utilities, strike cessation of services or other labor disturbance, any wars, acts of public enemy of other disturbance, and fire, wind, earthquake, water or other acts of God or the failure of any laboratory, the staff at USF IVF, the University of South Florida, their agents or designees.

Printed name of patient

Date

Signature of patient