



The Ronald O. Perelman & Claudia Cohen
Center for Reproductive Medicine

Andrology Laboratory
1305 York Avenue, Y725, New York, NY 10021
Phone: (646) 962-8448 Fax: (646) 962-0347

CONSENT TO STORE AND USE DONOR SPECIMEN

I, _____ (patient name) _____ (MRN #), agree to store my frozen donor specimens, Donor Code Number _____, at the Andrology Laboratory, Center for Reproductive Medicine (CRM) at Weill Cornell Medicine.

The CRM Andrology Laboratory agrees to maintain and store this specimen for a continuously renewable period from the date hereof, until I sign the "Disposition of Cryopreserved Specimen" form. I understand and agree to pay an \$800.00 annual storage fee and this fee will be continuously billed each year until the "Disposition of Cryopreserved Specimen" form is appropriately executed and returned. The CRM Andrology Laboratory cannot guarantee that the frozen specimens received from _____ (name of facility) are in fact the frozen specimens, except for the identification on the vials, straws, or ampules such as the donor code number, date of cryopreservation, etc, and documentation provided by the said sperm bank. The Andrology Laboratory also does not guarantee the quality or viability of these specimens as they have been frozen and shipped from another laboratory.

I understand that there are inherent risks in the process of storing specimens, including, but not limited to, damage to the sperm, reduced capacity of fertilization, and reduced life span after thawing. At this time, there is no proven evidence that the cryopreservation of human spermatozoa increase chances of abnormalities in intrauterine development and birth defects versus the use of fresh semen. While it is also possible that the resulting child or children may be born with birth defects or possess otherwise undesirable traits or hereditary tendencies, or other problems or disabilities, such occurrence will generally be no more frequent or severe than in children conceived by fresh sperm.

Upon my demise my samples should be:

given to my partner donated for research purposes destroyed.

I also understand that there are potential risks involved with storing specimens at the Andrology Laboratory. Although sperm specimens are kept in liquid nitrogen in containers equipped with a temperature alarm system, accidental thaw damage or loss of sample may occur at any time due to technical malfunction, the complete or partial destruction of the laboratory, or a variety of other reasons. I understand that I will only be entitled to damages equal to the storage fee in the event of such occurrences.

I understand that by signing this section I am giving permission to the CRM Andrology Laboratory to release my frozen donor specimen to be used in artificial insemination, in vitro fertilization or intracytoplasmic sperm injection.

Agreed and accepted:

Patient's Signature (with copy of photo ID)

Social Security Number

Date

of vials received

Phone Number

Address

CRM Witness/Notary Public

Notary Seal

Date