

**The A.R.T. Institute of Washington, Inc. (the "Institute")
at Walter Reed National Military Medical Center**

**P.O. Box 5710
Bethesda, MD 20824**

Sperm Cryopreservation for use in IVF/ICSI

Date: _____

Patient Name: _____

DOB: _____

Partner Name: _____

DOB: _____

Address:

Street: _____

Home Telephone: _____

City: _____ State: _____

Work Telephone: _____

Zip: _____

RELEASE AND CONSENT FOR CRYOPRESERVATION

Cryopreservation allows for the preservation of sperm at -196°C in liquid nitrogen. The sperm cells are preserved with the aid of a cryoprotectant (glycerol) in an egg-yolk buffered medium. At time of use, sperm samples are thawed by removing the sample from liquid nitrogen to a room temperature environment. When liquified, the sample is washed in order to remove the sperm cells from the cryoprotectant. Sperm cells can be damaged at any of the stages of the freeze-thaw process and the normal expected loss is 50%. There are no pre-freeze factors that can be used to determine individual success.

I am submitting this specimen for cryopreservation for future use by my partner and myself in attempting to establish a pregnancy by means of IVF/ICSI. I understand that viable and motile sperm from this specimen will be isolated, concentrated, stored, and frozen, and the sperm will be used to fertilize my partner's oocytes. I also understand that if I cannot be available during the IVF/ICSI procedure, my partner will need a Power of Attorney (POA), or other form of written consent, in order to legally use my cryopreserved specimen.

I further understand that the Institute cannot make any guarantee regarding the quality of sperm in this specimen after thawing. Problems may occur during and after the thawing process, and sperm may not be viable after the thawing occurs. I further understand that this sperm will be used by the Institute for its use ONLY and will not be used or discarded without our consent, except as provided below. I fully understand and acknowledge that the Institute will not reimburse me in any way for problems resulting in damage to my sperm which occur during, or as a result of, the cryopreservation and/or thawing process.

I agree to notify the Institute in writing if my address or telephone number has changed, so that the Institute has my most recent contact information. I further understand that, if I fail to provide the Institute with current contact information and the Institute is unable to reach me after repeated attempts, the Institute shall have the right to forward my account to their collection agency for non-payment of storage fees.

I further understand that the Institute is not a licensed sperm bank and my sperm will only be held for the duration of the current treatment (or in the case of microepididymal sperm aspiration [MESA] or testicular sperm extraction [TESE] for at least 2 years). In the event that the Institute is no longer in business during this period, I will be notified in writing so that I may retrieve my sperm and make other arrangements for its storage. If I fail to contact the Institute regarding the disposition of my sperm within the requisite timeframe set forth in the notice, I freely acknowledge and understand that the Institute shall have the right to forward my account to their collection agency for non-payment of storage fees.

I further understand that I am required to submit payment to the Institute for charges associated with cryopreservation, storage and/or thawing at the rates charged by the Institute, as may be adjusted as per contract with Walter Reed National Military Medical Center, from time to time. I further understand and agree that if I am in arrears for more than ninety (90) days, the Institute will notify me of such arrearage and shall have the right to forward my account to their collection agency for non-payment of storage fees.

I hereby agree to release and indemnify the Institute, its shareholders, directors, officers and/or employees for any damages or losses due to problems encountered during any stage of the cryopreservation and/or thawing process, including problems affecting or related to storage and maintenance and those arising from circumstances within or outside of the Institute's control, or while enforcing any of their respective rights under this Release and Consent, including, without limitation, the discarding of my sperm.

CONTINGENCIES FOR DISPOSITION OF SPERM

In the event that I become incompetent or I am deceased, I choose to have my sperm:	In the event that I enter/file for divorce, I choose to have my sperm:	In the event that my spouse and I simultaneously become deceased, I choose to have my sperm:
1) Given to my wife. I hereby grant my wife permission to use the sperm for purposes she deems fit, including, but not limited to, donating it for research purposes. _____ (Initialized by the donor)	1) Kept in storage until further written notice. _____ (Initialized by the donor)	1) Discarded. _____ (Initialized by the donor)
Or 2) Discarded. _____ (Initialized by the donor)	Or 2) Discarded. _____ (Initialized by the donor)	Or 2) Discarded after being used to perform basic in-house laboratory quality control procedures. These procedures will NEVER be used for research or the production of embryos. _____ (Initialized by the donor)
Or 3) Discarded after being used to perform basic in-house laboratory quality control procedures. These procedures will NEVER be used for research or the production of embryos. _____ (Initialized by the donor)	or 3) Given to my wife. I hereby grant my wife permission to use the sperm for purposes she deems fit, including, but not limited to, donating it for research purposes. _____ (Initialized by the donor)	

**In order for your wishes to be legally valid, the above choices must also be declared in a divorce decree and/or will. Please consult with an attorney to legally validate the above choices.*

I have read this consent in its entirety and have been counseled by a laboratory staff member who explained to me the benefits of, as well as the risks involved with, cryopreservation and thawing, who has explained the reasonable alternatives available to me, and who has answered, to my satisfaction, all of my questions up to the date of this consent. I also have read and understand the written materials provided to me regarding these procedures. Based on the counseling by a physician at WRNMMC, I acknowledge the risks involved and have sufficient information to make an informed decision about whether or not to begin the cryopreservation process. I am voluntarily and freely deciding to allow the Institute to take my sperm for cryopreservation for future use and by signing below, I hereby give my consent to the Institute for the cryopreservation and thawing procedures.

Patient Signature (male): _____ Date: _____ Time: _____

Picture ID confirmed by: _____ Date: _____ Time: _____

Copy of patient's picture ID:

Reproductive Cell Labeling Checklist

FDA EI# 3003939193

Check if screening/testing not completed (acceptable for sexually intimate partners such as husband/wife IVF, or semen stored for wife use):

- NOT EVALUATED FOR INFECTIOUS SUBSTANCES (sperm source)
- WARNING: Advise patient of communicable disease risks.
- BIOHAZARD.



Check if cells donated are for the donor's own use:

- FOR AUTOLOGOUS (OR SEXUALLY INTIMATE PARTNER) USE ONLY.

Date: _____

Partner: _____

Patient: _____

Days Abstinence: _____

Sample source and reason for cryo: _____

Time Received: _____ Time Processed: _____

Raw (Pre-Cryo)

Volume									
Density	1.	2.		1.	2.		1.	2.	
Motility									
Progression									
Round Cells									
Total Sperm									
Total Motile									
Total Progressive									

Prepared By: _____

Witnessed: _____

Cryopreservation Details

Sample Type: _____

Number of Vials: _____

Total Motile Count/Vial: _____

ID : _____ Location: _____ Accession # _____

*patient initials & six digit DOB are written on vial underneath label for additional identification

Date: _____

____ Vials Thawed

____ Vials Remain

Prepared By: _____

Preparation Details: _____

Comments: _____

Date: _____

____ Vials Thawed

____ Vials Remain

Prepared By: _____

Preparation Details: _____

Comments: _____

Date: _____

____ Vials Thawed

____ Vials Remain

Prepared By: _____

Preparation Details: _____

Comments: _____

Prepared By: _____