

The Fertility Center of Colorado
6160 Tutt Boulevard, Suite 210
Colorado Springs, CO 80922
(719) 636-0080 FAX (719) 636-3030

SPERM CRYOPRESERVATION CONSENT AND STORAGE
CONTRACT (MARRIED PATIENTS)

We understand that as a result of my desire to participate in the sperm cryopreservation program at the Fertility Center of Colorado (FCC) the following statements must be agreed to and payment must be received before a specimen produced for cryopreservation will be frozen.

We, _____ & _____ on this _____ day of _____, _____, understand:

Sperm frozen at FCC (1,2,3 applicable):

1. Semen specimens collected at FCC will only be frozen if motile sperm are observed upon analysis. FCC reserves the right to decide if a specimen is suitable for freezing.
2. Each specimen has the potential to provide for zero vials up to several vials of sperm for freezing, and it is impossible to determine an exact number of frozen sperm specimens to be stored for future use in assisted reproductive procedures.
3. A minimal portion of each semen batch acceptable for freezing is utilized for quality control. The quality control vial is thawed and analyzed to predict post-thaw motility for the semen batch. The quality control vial is an indicator only and does not guarantee that the remaining vials will thaw in the same manner. The sperm recovered from the quality control vial cannot be re-frozen and will be discarded.

Sperm frozen at FCC or sperm received from another facility (4 - 11 applicable):

4. Sperm that is frozen can only be used in assisted reproductive procedures such as Intrauterine Insemination, Gamete Intrafallopian Transfer, In-Vitro Fertilization, and Intracytoplasmic Sperm Injection. These procedures require a physician and there are charges related to these procedures. There will also be additional charges for thawing and processing frozen sperm samples.
5. There is no guarantee frozen sperm will survive upon thawing. Furthermore, if viable sperm is recovered and used in assisted reproduction procedures, there is no guarantee that a pregnancy will be established.
6. If a pregnancy is achieved with the use of frozen sperm, miscarriage, ectopic pregnancy, stillbirth, and/or congenital abnormalities may occur. There is currently no evidence that the occurrence of these complications increase or decrease when using cryopreserved sperm.
7. The laboratory will make every effort to prevent damage to specimens submitted for cryopreservation; however, the Fertility Center of Colorado or any of its personnel will not be liable for loss of specimens due to equipment malfunctions, failure of utilities, cessation of services or other labor disturbance, any war, acts of public enemy or other disturbance, fire, earthquake, flood, or other natural disasters.

We agree that if the above designated person(s) becomes unable or unwilling to assume responsibility for the sperm, indicated by failure to make payments for procedures or storage, or failure to contact, that the sperm will be discarded. _____/_____
couple's initials

We have made a decision to participate in the Fertility Center of Colorado's Sperm Cryopreservation Program. Our signatures on this consent indicates that we have read, understood, and agreed to the conditions set forth in this agreement.

Husband's Name _____ SS# _____

Wife's Name _____ SS# _____

Address _____

City/State _____ Zip _____

Phone Number _____ Alternate Phone Number _____

Signature of Husband _____ Date _____

Signature of Wife _____ Date _____

Notarized: The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this _____ day of _____, 20____.

Notary Public State of Colorado

Seal