KENTUCKY
FERTILITY INSTITUTE

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Consent to Store an IVF Backup Sperm Sample

I understand that a viable sperm sample is required on the day of egg retrieval to inseminate the eggs retrieved from my spouse / partner. Circumstances including, but not limited to the following may require that a backup semen sample be on hand:

- Absence of the male partner on the day of egg retrieval
- Inability of the male partner to collect a semen sample on the day of the egg retrieval
- Semen with a very low sperm count or intermittent azoospermia (absence of sperm in the ejaculate)
- Other reasons, as recommended by my physician, or for personal reasons

Therefore, **I hereby consent to the cryopreservation and short-term storage of my semen sample** as a backup sample to the fresh semen sample that I anticipate collecting on the day of egg retrieval.

I understand that the collection and storage of a backup sample does not in any way guarantee that an adequate number of viable sperm will be present on the day of egg retrieval. Even if adequate sperm are present in the backup sample for insemination, it does not guarantee that fertilization will occur when the eggs are inseminated. At no time has a member of the Fertility Center staff promised or otherwise guaranteed that storage of a backup sample will result in adequate sperm for IVF procedures or in a specific outcome. **I understand and acknowledge that storage of an IVF backup semen sample is short-term only and that following the day of our egg retrieval and insemination, my backup sample will automatically be discarded.**

In the event of my death prior to or on the day of egg retrieval I wish my backup sperm sample to: (Please circle and initial one choice)

1. Be available for my wife / partner (Name:_____) to use, if she so desires, to inseminate any eggs recovered during the egg retrieval, after which any remaining sperm samples will be discarded.

2. Be immediately discarded, upon proof of death. I understand that selecting this option would prevent the use of my sperm sample to attempt achieving a pregnancy in any current or upcoming IVF cycle.

With my signature below I acknowledge that I have read, understand, and agree with the content of this consent form and that I have been given an opportunity to ask and have my questions answered.

_____   _____   _____
          Print Name   Signature   Date

_____   _____   _____
    Fertility Center Staff Member   Signature   Date