
Consent to Store a Short-Term Sperm Sample for IUI

I understand that a viable sperm sample is required on the day of my spouse / partner's intrauterine insemination (IUI). Ideally, a fresh semen sample should be collected and prepared for the IUI just prior to the insemination. However, circumstances including, but not limited to the following may require that a backup semen sample be stored at KFL prior to the IUI:

- Absence of the male partner on the day of insemination
- Inability of the male partner to collect a semen sample on the day of insemination
- Semen with a very low sperm concentration
- Other reasons, as recommended by my physician

Therefore, **I hereby consent to the cryopreservation and short-term storage of my semen sample** for use by my spouse / partner for her upcoming IUI.

I understand that the collection and storage of a semen sample does not in any way guarantee that an adequate number of viable sperm will be present on the day of the IUI. Even if adequate sperm are present in the sample for insemination, it does not guarantee that a pregnancy will occur. At no time has a member of the Fertility Center staff promised or otherwise guaranteed that storage of a semen sample will result in adequate sperm for the IUI or in a specific outcome. **I understand and acknowledge that storage of this semen sample is short-term only and that the entire sample will be thawed and used for the upcoming IUI procedure. If the planned IUI does not occur or is otherwise delayed, I understand that this sample will automatically be thawed and discarded, according to protocol after a period of 60 days.**

In the event of my death prior to the IUI, I wish my backup sperm sample to: (Please circle and initial one choice)

1. Be available for my spouse / partner (Name: _____) to use, if she so desires, for IUI. I understand if the sample is not used in the designated time it will be destroyed. **Initial** _____
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 upcoming IUI. **Initial** _____

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