

## CONSENT FOR THE CRYOPRESERVATION OF SEMEN

I, \_\_\_\_\_ voluntarily consent to cryopreservation of semen such that this semen may be used at some later time for the purpose of establishing pregnancy. I also warrant and guarantee that this is my semen. If it is determined that this is not my semen, then I will indemnify and hold Lifeline Cryogenics harmless from any claim that arises or may arise from using this sperm.

For the purpose of this form, "semen" means sperm cells and seminal fluid. The semen will be stored in frozen condition at Lifeline Cryogenics. Cryopreservation of human semen is an established process, which has resulted in many live births throughout the world.

By signing this form, I acknowledge that I understand that there are no guarantees that the semen will survive cryopreservation or that pregnancy will be achieved using this process. I understand that certain events may occur at any point during the process resulting in loss of the semen. The reasons semen may be lost include, but are not limited to the following:

1. Equipment failure can occur. Back-up freezer systems are being utilized to decrease the likelihood of nay loss; however, equipment failure is still possible.
2. The semen may be lost or damaged during transport tot he permanent cryobank or such other facility where the semen may be transferred.
3. The semen may be lost during freezing, thawing, or insemination procedures. Some sperm cells do not survive the freezing, storage and thaw processing.

I understand that this procedure may involve risks to me, the semen, or to nay resulting offspring and that these health risks are presently unknown and unforeseeable.

I understand that responsibility for transport charges are mine and that I shall be contacted to make some disposition on cryopreserved semen. Unforeseen increases in the cost of freezing and preservation procedures may dictate an increase in the cost associated with the cryopreservation process. The annual storage fee is \$650. The sperm will be stored in our Laboratory until you decide at any point to discontinue the storage of your sample or to move it to another facility, you must indicate your intention to us in writing.

I hereby agree and acknowledge that any sperm sample, which the members of Lifeline Cryogenics determine, in the exercise of medical judgment, will be nonviable or otherwise not medically suitable for use or continued use in the cryopreservation program, will b disposed of in accordance with the policies of Lifeline Cryogenics and applicable legal and ethical requirements.

I understand that the practice of medicine is not an exact science and therefore, reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the cryopreservation procedure, which, I have herein requested and authorized.

To make sure that I fully understand the information contained in this consent form, Lifeline Cryogenics will answer my questions I might have after I have had the opportunity to read it and before I decide to participate. I will be given a copy of the executed consent form.

My signature on this Informed consent indicated that: I have read the form or that it has been read to me and I fully understand the information provided in this form; that I have been verbally informed of the nature, purpose, risks, and expected results of these cryopreservation procedures and all questions were answered to my satisfaction; that I understand the ramifications and consequences of each and every provision of this form, including the release and indemnification provisions; that I have decided to participate in the program and consent to the procedures described; and that I understand that my consent to continue participation in the program may be withdrawn at any time and, at such point, my participation in the program will be discontinued.

In the event that the semen is not used and I die (as evidenced by a certified copy of death certificate) it is hereby acknowledged and agreed the person I designate below shall hold the decision-making authority over any semen.

I designate \_\_\_\_\_ located at \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (Printed Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_