

**MASSACHUSETTS GENERAL HOSPITAL  
VINCENT REPRODUCTIVE MEDICINE AND IVF**

**INFORMED CONSENT FOR CRYOPRESERVING SPERM**

Sperm samples can be frozen and stored for future use. The frozen sperm samples can be thawed in the future and used as the sperm source for insemination treatments or in vitro fertilization.

After the sperm are exposed to cryoprotectant solutions (a special medium for freezing), they are placed in small containers, which are cooled to subzero temperatures and then stored in liquid nitrogen. At a later date, the frozen sperm can be thawed and the cryoprotectant removed from the sperm to return them to a normal physiological environment. At the time of sperm thawing, it is possible that no sperm will survive. Studies of pregnancies resulting from the use of frozen human sperm have failed to demonstrate an increased risk of congenital abnormalities in the offspring. However, the possibility of presently unforeseen risks cannot be completely eliminated.

As with any technique involving specialized equipment, technical problems and failure may occur. Massachusetts General Hospital (MGH), Vincent Reproductive Medicine and IVF, its directors and employees shall not be held liable for any damage, loss or problems due to improper freezing, maintenance, storage, withdrawal, thawing and/or delivery caused by malfunction of the storage tank, failure of utilities, strike by workers, cessation of services or other labor disturbances, any war, acts of public enemy or other disturbances such as fire, wind, earthquake, flooding or other acts of God. MGH and Vincent Reproductive Medicine and IVF provide no insurance coverage, compensation plan or free medical care to compensate any person if frozen sperm samples are harmed in any way by the cryopreservation procedure.

I understand that I will be required to pay a fee for freezing, storage, thawing, and transfer of the sperm. I understand that the fee may be increased and that I will be given prior notice of any increase. Payment is due within 45 days of billing. In the event of nonpayment, MGH will try to contact me at my last known address by certified mail. If I do not respond within 45 days of the certified letter, MGH and Vincent Reproductive Medicine and IVF reserve the right to thaw and dispose of the sperm in accordance with my wishes for disposition below.

I understand that it is my responsibility to notify Vincent Reproductive Medicine and IVF of any change in my address or telephone number.

I understand that my frozen sperm samples will be considered to be abandoned if (i) I have not paid in accordance with the financial terms above, or (ii) the maximum storage period of five (5) years is approaching and despite reasonable efforts including certified mail, Vincent Reproductive Medicine and IVF is unable to contact me at my last known address. If the frozen sperm samples are considered to be abandoned, the Vincent Reproductive Medicine and IVF reserves the right to remove the frozen sperm samples from storage and dispose of them in accordance with my wishes for disposition below. If Vincent Reproductive Medicine and IVF ceases to exist, I will receive reasonable notice so that I can make arrangements to have the frozen sperm samples disposed of or transferred to another center for continued storage. If upon receipt of such notice I fail to make arrangements for the disposing or transfer of the frozen

sperm, I understand that Vincent Reproductive Medicine and IVF reserves the right to remove the sperm from storage and dispose of the sperm samples in accordance with my wishes for disposition below.

**DISPOSITION OF FROZEN SPERM**

I make the following decision regarding the final disposition of frozen sperm that are stored in accordance with this agreement and are not used for a later insemination treatment or in vitro fertilization therapy.

A. Donate to research or activities related to improving assisted reproductive therapies (ART): The research and activities related to improving ART may include, for example, studies of ways to improve techniques or fertility success rates or studies that may improve our understanding of infertility and reproductive medicine.

\_\_\_\_\_  
initials

B. Thaw and discard.

\_\_\_\_\_  
initials

In the event of my death, I wish the sperm to be:

A. Transferred to the custody of my partner.

\_\_\_\_\_  
initials

**OR**

B. Donated for research or activities related to improving ART.

\_\_\_\_\_  
initials

**OR**

C. Thawed and discarded.

\_\_\_\_\_  
initials

**ACKNOWLEDGEMENT OF INFORMED CONSENT AND AUTHORIZATION**

I acknowledge that I have read and fully understand this written material, and all of my questions concerning cryopreservation have been fully answered to my satisfaction.

I am aware that there are other laboratories in the area that offer sperm freezing and storage, and I have freely chosen to have the service performed at Vincent Reproductive Medicine and IVF.

I accept the responsibilities, conditions, and risks involved as set out in this document and as explained to me by the staff of Vincent Reproductive Medicine and IVF.

I, the undersigned, consent to have my sperm frozen and stored. I have read this document, understand the purpose, risks, and benefits of this procedure, and I have been given the opportunity to ask questions, which have been answered to my satisfaction by the staff of Vincent Reproductive Medicine and IVF.

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Signature of Male

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Date

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Printed Name

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Date of Birth