



The Ronald O. Perelman & Claudia Cohen  
Center for Reproductive Medicine

Andrology Laboratory  
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**CONSENT TO STORE AND USE MALE PARTNER'S SPECIMEN (FROM OTHER FACILITY)**

I, \_\_\_\_\_ (patient name) \_\_\_\_\_(MRN #), agree to store my frozen sperm specimen at the Andrology Laboratory, Center for Reproductive Medicine (CRM) at Weill Cornell Medicine. The CRM Andrology Laboratory agrees to maintain and store my sperm specimen for a continuously renewable period from the date hereof, until I sign the "Disposition of Cryopreserved Specimen" form. I understand and agree to pay an \$800.00 annual storage fee, and this fee will be continuously billed each year until the "Disposition of Cryopreserved Specimen" form is appropriately executed and returned. Pursuant to section 52-8.7 (f), reproductive tissue stored for a client-depositor shall not be destroyed or released for other purposes as a result of nonpayment of storage fees or for any other reasons, without documentation that the client-depositor was given at least 30 days' written notice by certified mail, return receipt requested. The CRM Andrology Laboratory cannot guarantee that the frozen specimens received from the sperm bank \_\_\_\_\_ (name of facility) are in fact my frozen specimens, except for the identification on the vials, straws, or ampules such as patient name, date of birth, social security, etc, and documentation provided by the said sperm bank. The Andrology Laboratory also does not guarantee the quality or viability of these specimens as they have been frozen and shipped from another laboratory.

I understand that by signing this section I am giving permission to the CRM Andrology Laboratory to release my specimen to my spouse, designated below, for use in artificial insemination, in vitro fertilization or intracytoplasmic sperm injection.

\_\_\_\_\_  
*Partner's Name (print)*

\_\_\_\_\_  
*Partner's DOB*

\_\_\_\_\_  
*Patient's Signature*

\_\_\_\_\_  
*Date*

I understand that there are inherent risks in the process of storing my specimen, including, but not limited to, damage to the sperm, reduced capacity of fertilization, and reduced life span after thawing. At this time, there is no proven evidence that the cryopreservation of human spermatozoa increase chances of abnormalities in intrauterine development and birth defects versus the use of a fresh specimen. While it is also possible that the resulting child or children may be born with birth defects or possess otherwise undesirable traits or hereditary tendencies, or other problems or disabilities, such occurrence will generally be no more frequent or severe than in children conceived by fresh sperm.

**Upon my demise my samples should be:**  
 given to my spouse/partner     donated for research purposes     destroyed

I also understand that there are potential risks involved with storing my specimen at the Andrology Laboratory. Although specimens are kept in liquid nitrogen in containers equipped with a temperature alarm system, accidental thaw damage or loss of sample may occur at any time due to technical malfunction, the complete or partial destruction of the laboratory, or a variety of other reasons. I understand that I will only be entitled to damages equal to the storage fee in the event of such occurrences.

**Agreed and accepted:**

\_\_\_\_\_  
*Patient's Signature (with copy of photo ID)*      \_\_\_\_\_  
*Date*      \_\_\_\_\_  
*Patient's DOB*      \_\_\_\_\_  
*# of vials received*

\_\_\_\_\_  
*Address*      \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*CRM Witness/Notary Public*      \_\_\_\_\_  
*Notary Seal*      \_\_\_\_\_  
*Date*