



**Weill Cornell Medical College**

**The Ronald O. Perelman and Claudia Cohen  
Center for Reproductive Medicine**

**NewYork-Presbyterian Hospital  
Weill Cornell Medical Center**

## **Information for the Use of Anonymous Donor Sperm**

The use of anonymously donated sperm is regulated by the New York State Department of Health and the Food and Drug Administration (FDA). The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine (CRM) of Weill Cornell Medical College must abide by all applicable requirements and regulations. CRM can only accept shipment of anonymous donor sperm samples from New York State licensed and FDA registered laboratories (see attached list of sperm banks).

It is the responsibility of the patient to select the anonymous donor sperm sample from an approved laboratory. The patient must order and arrange shipment of the samples.

- Samples should arrive at CRM **prior** to the beginning of any treatment cycle.
- CRM can only store 2-4 vials of sperm; the laboratory is not meant for long term storage. If more than 4 vials are purchased, they must be held at the bank or a commercial storage facility.
- It is recommended that samples be shipped in an ICI preparation. If ICI preparation is not available, IUI preparation is acceptable. Either preparation is suitable for IUI or IVF treatment.
- Sperm banks may require authorization from the physician's office before samples can be shipped. Contact your IVF nurse.
- Samples kept at CRM longer than three months will be subject to storage fees.
- Deliveries are accepted Monday-Friday, from 8:00am to 2:00pm only. No weekend deliveries. It is suggested that shipment occur by FedEx next day.
- Please have the donor sperm samples shipped to:  
Weill Cornell Center for Reproductive Medicine  
Andrology Laboratory  
Weill Greenberg Center  
1305 York Avenue, 7<sup>th</sup> Floor, Room 725  
New York, NY 10021  
(646) 962-8448  
Attention: Dr. Gianpiero Palermo

It is a requirement of CRM that all patients and partners (if applicable) meet with a staff psychologist prior to pursuing treatment with anonymously donated sperm. Call (646) 962-3447 to schedule an appointment.

The patient and partner (if applicable) **must** sign consent documents for the use of anonymous donor sperm for each treatment cycle (see attached consent document).

Authorization to Store and Use Anonymous Donor Sperm **must** be signed with the Andrology Laboratory (located on the 7<sup>th</sup> floor).

If you have questions about shipment of sperm samples, contact the Andrology Laboratory at (646) 962-8448.  
If you have questions about the use of donor sperm, contact your nurse.



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## **Anonymous Donor Sperm Banks**

Below is a list of New York State Department of Health licensed Food and Drug Administration (FDA) registered Sperm Banks for use at The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine (CRM) of Weill Cornell Medical College. Please make your selection from the following list. The costs associated with obtaining donor sperm will vary depending upon the bank used. The banks require three business days to ship sperm to our lab, we therefore ask you to have samples sent before beginning the treatment cycle. Some of the banks will offer Overnight Federal Express delivery for an extra charge.

California Cryobank	866-927-9622 <a href="http://www.cryobank.com">www.cryobank.com</a>
California Cryobank of New York York	866-927-9622 <a href="http://www.cryobank.com/About-Us/Locations/New-York">www.cryobank.com/About-Us/Locations/New-</a>
Cryogenic Laboratories	800-466-2796 <a href="http://www.cryolab.com">www.cryolab.com</a>
Cryos International New York	866-366-6777 <a href="http://ny.cryosinternational.com">ny.cryosinternational.com</a>
European Sperm Bank	800-709-1223 <a href="http://www.europeanspermbankusa.com">www.europeanspermbankusa.com</a>
Fairfax	800-338-8407 <a href="http://www.fairfaxcryobank.com">www.fairfaxcryobank.com</a>
New England Cryogenic Center	800-991-4999 <a href="http://www.necryogenic.com">www.necryogenic.com</a>
Pacific Reproductive Services	415-487-2288 <a href="http://www.pacrepro.com">www.pacrepro.com</a>
The Sperm Bank of California	510-841-1858 <a href="http://www.thespermbankofca.org">www.thespermbankofca.org</a>
Sperm and Embryo Bank of New Jersey	800-637-7776 <a href="http://www.sperm1.com">www.sperm1.com</a>
Xytex Corporation	800-277-3210 <a href="http://www.xytex.com">www.xytex.com</a>



### Authorization for the Use of Anonymous Donor Sperm (ADS)

I/We have requested to be treated by The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine (CRM) of Weill Cornell Medical College. I/We have considered the available options for achieving parenthood and have chosen to attempt pregnancy utilizing the sperm of an anonymous donor.

I/We understand that this procedure will involve purchasing the sperm from a donor sperm bank and using the sperm for my/our treatment. I/We understand that there is no guarantee that pregnancy will occur. I/We understand that there are some potential risks associated with this procedure, including the possibility that infection could be introduced into the patient.

The anonymous donor sperm sample(s) must be frozen by a sperm bank outside this institution that is licensed by the New York State Department of Health and registered with the Food and Drug Administration (FDA). The sample(s) must be delivered to CRM's Andrology Laboratory prior to the treatment cycle. CRM will only store the sperm samples in preparation for a treatment cycle. It is understood that all parties will abide by any applicable federal regulations, state requirements, and professional organization guidelines.

I/We accept this act as my/our own, and acknowledge my/our obligation to the child(ren), and agree to care for, support and otherwise treat any child(ren) born as a result of this procedure, in all respects, as if it/they were my/our naturally conceived child.

In accordance with New York State Department of Health requirements and FDA regulations, CRM will maintain medical records for a minimum of ten (10) years after use of sperm not resulting in a live birth, and for a minimum of twenty-five (25) years after use of sperm resulting in a live birth. As required by New York State, pregnancies will be reported to the sperm bank. Additionally, Federal regulations and reporting requirements obligate IVF programs to provide the Centers for Disease Control with cycle-specific data regarding the treatment cycle and the pregnancy outcome. However, any and all personal identifiers associated with this treatment will be protected under the Privacy Act. Information obtained and identified with me/us during this procedure will remain confidential and will not be disclosed, except to authorized employees of the New York State Department of Health or other government agencies with my permission. I/We understand that I/we may be contacted for a follow-up consultation.

I/We have been encouraged to ask questions, and any questions that I/we have asked have been answered to my/our satisfaction. I/We also understand that any future questions that I/we might have, may be answered by a member of the CRM team.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Print Partner Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor Bank

\_\_\_\_\_  
Donor Number

\_\_\_\_\_  
Number of vials at CRM