

**CONSENT TO FREEZING AND SHORT TERM STORAGE OF SEMEN AT
THE FAMILY FERTILITY CENTER
(FOR BACKUP PURPOSE ONLY)**

We _____ and _____
of _____ County, City of _____ in the state of _____ are
_____ (husband and wife or
domestic partners) and are over the age of twenty-one years. We request and authorize
Dr. H. Christina Lee, and/or such assistants as she may designate to use the services of
Family Fertility Center (FFC) to perform a semen analysis and possible freezing
(cryopreservation) on (name of husband or male partner)
_____’s semen sample submitted on
(date) _____ .

We understand that the purpose of freezing of a semen sample is to provide a backup
sample for the upcoming in-vitro fertilization (IVF) or intrauterine or artificial
insemination (IUI) cycle in the event no sperm or insufficient sperm is available on the
day of IVF or IUI. Freezing of the semen sample will be done if and only if the semen
sample is found to be suitable for such purpose. The exact amount to be frozen will be at
the discretion of the FFC. Furthermore, there is no guarantee that the frozen semen
sample will yield sufficient number of live sperm for the planned IVF or IUI cycle upon
thawing .

**We understand that if a sufficient fresh sperm sample is available from the husband
or male partner on the day of IVF or IUI, the frozen sample will be either destroyed
and discarded immediately or saved and stored at the FFC up to ninety (90) days
after the last active treatment cycle with IVF or IUI at the FFC. Unless a separate
agreement is entered between the FFC and ourselves, all frozen semen samples will be
destroyed and discarded no later than ninety (90) days after the last active treatment cycle
with IVF or IUI at the FFC **without further notice.** Dr. H. Christina Lee, the Family
Fertility Center, and its staff are not to be held responsible for further storage of any of
the cryopreserved semen sample.**

We understand that with any technique necessitating mechanical support system,
equipment failure can occur. Dr. H. Christina Lee, the Family Fertility Center, and its
staff are not to be held liable for any destruction or damage to our cryopreserved sperm
caused by or resulting from any malfunction of freezing equipment, storage tank, failure
of utilities, fire, wind, earthquake, water, or other acts of God.

We have had the opportunity to read and ask questions about the contents of this consent
form titled: Consent to Consent to freezing and short term storage of semen at the Family
Fertility Center (for backup purpose only). We understand the information provided and
our questions have been answered to our satisfaction. We execute this consent form
freely and voluntarily. We have not relied on any inducements, promises, or
representations made by Dr. H. Christina Lee, the Family Fertility Center or its staff. By

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our signatures below, we are indicating our consent to freezing and short term storage of semen at the Family Fertility Center for backup purpose only.

Print Name of Wife/Female Partner Signature Date

Print Name of Husband/Male Partner Signature Date

The foregoing was read, discussed, and signed in my presence, and in my opinion the person signing did so freely, and with full knowledge and understanding.

Print Name of Witness Signature Date

I have explained to the above couple/individual the nature and purpose of the procedure; the potential benefits, the alternatives and possible risks associated with participation in this procedure. I have answered all questions that have been raised by the above couple/individual.

Print Name of Physician Signature Date