

Addendum to Consent for Cryopreservation of Semen for Backup

I understand that the cryopreserved semen specimen(s) frozen on _____, is/are intended as back-up specimen for the _____ IVF or IUI cycle. If the cryopreserved semen specimen(s) are not used or if there are back-up specimen(s) remaining in storage three (3) months from the above listed IVF cycle, then I agree to the following:

Please initial only one of the following:

_____ I agree to have the cryopreserved semen specimen(s) frozen as back-up for IVF or IUI to be disposed per laboratory protocol after _____.

_____ I agree to pay an annual storage fee of \$400 (subject to change) to Fertility Storage, Inc (FSI) for the continued, long-term storage of the cryopreserved semen specimen(s) frozen as back-up for IVF or IUI. The annual storage period will begin on _____, at which time my account will be billed automatically. I agree to the transfer of all specimens to FSI at the time the annual storage begins. I understand I must complete the MCFW form "Disposition of Semen/Testis Tissue" to stop the automatic billing, and I understand that I am responsible for all charges accrued up to the date this form is received by FSI.

Patient Name _____

Patient Signature _____ Date _____

Witness Name _____

Witness Signature _____ Date _____