

# Sperm Freezing and Storage

## Patient Consent

Name: Fertility number: Address: DOB / CHI: 

(Attach addressograph, if available)

### 1. Information received

- I confirm that I have received verbal and written information regarding freezing and storing sperm at the Edinburgh Fertility Centre (hereafter referred to as the "Centre").
- I have read and understood the content of the relevant consent forms:
  - ☐ HFEA GS form: Your consent to the storage of your eggs or sperm
  - ☐ HFEA CD form: Your consent to disclosing identifying information
  - ☐ HFEA MT form: Your consent to your sperm and embryos being used in treatment and/or stored
  - ☐ HFEA MSG form: Your consent to the use and storage of sperm or embryos for surrogacy
- I confirm that I have been offered the opportunity to attend fertility counselling before signing consent forms and that I have been given information on counselling options if I require them in the future.

### 2. Screening for transmissible infections

- I consent to the required screening tests before my sperm can be stored. I understand I will be tested for Human Immunodeficiency Virus (HIV), Hepatitis B and Hepatitis C.
- If extended screening is required, I consent to screening for Human T-Lymphotropic Virus (HTLV), Cytomegalovirus (CMV), Syphilis, Chlamydia and Gonorrhoea.

### 3. Storage of Sperm

- I understand that my semen sample may not be suitable for freezing and that any sperm deemed suitable for freezing may not survive the freezing and thawing process.
- I understand that my semen may not be fertile before storage and there is no guarantee that a pregnancy will result from usage of semen samples stored.
- I understand that the Centre cannot legally store my sperm beyond the consent period and without the appropriate consent, samples must be removed from storage and disposed of.
- I understand that I am able to store my sample for up to a maximum of 55 years from the first date of storage and that consent must be provided every 10 years to allow for continued storage. The centre will issue new consent forms prior to each 10 yearly review for my completion and return. I understand that failure to do will result in my samples being removed from storage and disposed of.

### 4. Contact details

- I agree that it is my responsibility to keep the Centre informed of any change in circumstances including changing address, phone number and medical practice.

### 7. Declaration

- I confirm that I have read and understood the information in this form and that I have been given the opportunity to address any questions I had before signing.

(Patient)

Sign Print Date 

(Staff member)

Sign Print Date