

Sperm Freezing and Storage

Patient Consent and Contract

Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Email:	<input type="text"/>
DOB / CHI:	<input type="text"/>	Lab No:	<input type="text"/>
		Inf. No:	<input type="text"/>

(Attach patient label, 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: 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

2. Screening Consent

- I confirm that I understand and consent to the required screening tests before my sperm can be stored. I understand I will be tested for:
 - HIV, hepatitis B and hepatitis C
 - HTLV, CMV, syphilis, chlamydia and gonorrhoea
 - Other:

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 samples will be allowed to thaw and perish without appropriate consent.
- I understand that if storage is permitted beyond 10 years, I will need to obtain a Medical Practitioner's Statement for each 10 year period confirming that my fertility remains impaired and this must be received by the Centre before that 10 year period has expired. I understand that failure to do so may result in my stored semen samples being allowed to thaw and perish.
- I understand that my semen samples have no monetary value and the Centre and its staff cannot be held responsible for accidental loss, destruction or damage of my stored sperm as a result of equipment failure, electrical failure, fire, natural disasters, theft, malicious damage or any unforeseen occurrences.

4. Responsibilities

- I agree that I will inform the Centre of any change of personal circumstances that may affect consent completed at the time of storage (eg. new partner).
- I agree that it is my responsibility to keep the Centre informed of any change of address or medical practice.
- I understand that it is my responsibility to respond to letters sent to me by the Centre within the timescales indicated in the letters and before the expiry of storage consent. If I do not respond, I hereby allow for my samples in storage to thaw and perish in accordance to the storage consent held by the Centre.
- I agree that in the event of the Centre being unable to contact me, they can contact my GP to confirm my contact details should this be required.

5. Freezing and Storage Costs

- I understand that there will be a charge for freezing and storing sperm if I do not meet the eligibility criteria for NHS funded sperm storage.
- I understand that storage will be in line with the current Edinburgh Fertility Centre Price List at the time of sperm storage, and I agree to pay the Centre before freezing my semen sample.
- I understand that sperm storage is:
 - NHS funded: this is applicable at the time of storage and if my personal circumstances change, my eligibility for funding may vary in accordance with the Centre storage criteria and Scottish Government eligibility criteria for fertility treatment.
 - Self-funded with a current cost of £_____ for ___ year(s) storage in the first instance.
** In the event of sperm being unsuitable for freezing, a full refund for self funded storage will be given.*
- I understand that the cost indicated at the time of signing this agreement is valid at the time of sperm storage and the future cost may increase in line with operating costs or inflation.
- I understand that if the payment period as indicated above is shorter than the storage consent period in HFEA GS/LGS form, unless I pay for additional storage (up to the period specified in the consent forms), my sperm may be allowed to thaw and perish.
- I understand that I am responsible for storage costs and failure to make payment will result in my sperm being allowed to thaw and perish.

6. Future Use of Stored Sperm

- I understand that a valid HFEA MT consent form must be completed and held by the Centre for my named partner to be able to use my sperm in future fertility treatment, and should my circumstances change regarding my named partner, I agree to inform the Centre so consent can be updated.
- I understand that my named partner on the HFEA MT consent form can be referred for fertility treatment by their GP but they may not meet the eligibility criteria for NHS funded or self-funded fertility treatment.

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: _____

Witness:

(Nurse/Lab staff)

SIGN

PRINT

DESIG.

Date: _____