

**COLUMBUS CENTER FOR REPRODUCTIVE
ENDOCRINOLOGY & INFERTILITY, L.L.C.**

2323 Whittlesey Road
Columbus, GA 31909
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Prakash J. Thiruppathi, M.D.

SPERM CRYOPRESERVATION CONSENT

Patient's Name: _____ DOB: _____
Spouse's Name (if available): _____ DOB: _____

I (we) am requesting the Columbus Center for Reproductive Endocrinology & Infertility, L.L.C. to cryopreserve my sperm. I have voluntarily produced this perm for this reason. I may produce more than one sample resulting in multiple frozen vials.

I (we) understand that not all viable sperm at time of production will survive the thawing process. The IVF laboratory will make the determination of the sperm's viability at that time.

I (we) understand that the sperm may be lost due to reasons unforeseen, such as equipment malfunctions, power failure and natural disasters (fire, flood, tornado, etc). We will not hold the Columbus Center for Reproductive Endocrinology & Infertility, Prakash Thiruppathi, or its staff responsible for any loss.

I (we) understand that the sperm will be stored at the Columbus Center for Reproductive Endocrinology or another accredited facility deemed by the Columbus Center for Reproductive Endocrinology & Infertility. I (we) understand there is a \$300 annual storage charge for cryopreserved sperm and it is our responsibility to pay within 30 days of its anniversary date. It is also my (our) responsibility to contact the Columbus Center for Reproductive Endocrinology & Infertility of any changes in our location. I (we) understand that the Columbus Center for Reproductive Endocrinology & Infertility will continue to store our sperm as long as our storage fees are current. I (we) understand if we make no contact with the Columbus Center for Reproductive Endocrinology within 5 years, the sperm will be discarded. I (we) understand that the Columbus Center for Reproductive Endocrinology & Infertility will make a reasonable effort to contact us at least 30 days prior to this date.

I (we) understand that we may, at any time, request to have my (our) cryopreserved sperm discarded. Such reasons may include divorce, realization of family size, or I (we) no longer wish to pay storage fees. In any these events, I (we) understand we must jointly notify the Columbus Center for Reproductive Endocrinology & Infertility of our decision. In the event that there is a disagreement between us, the Columbus Center for Reproductive Endocrinology & Infertility will maintain the sperm (assuming we continue to pay storage fees) until (we both) agree or until one of us obtains a binding

court order containing direction to the Columbus Center for Reproductive Endocrinology & Infertility as to the disposition of the sperm.

In the event of death of one or both spouses, I (we) understand that the surviving spouse or next of kin will take responsibility of the sperm unless other written agreement is obtained. I (we) understand that if any of these events occur, the court appointed responsible person may use these sperm in hopes of creating a child. I (we) will not hold the Columbus Center for Reproductive Endocrinology & Infertility or Prakash Thiruppathi responsibility for any outcome.

I (we) have read the above consent and any questions asked have been answered. I voluntarily consent to have sperm sample cryopreserved based on the terms outlined in this consent.

Patient's Signature

Date

Spouse's Signature

Date

Witness' Signature

Date

Physician's Signature

Date