

**Male Fertility Laboratory
Sperm & Semen Cryopreservation Program**

Patient NAME and ID

**LEGAL STATEMENT: CONTROL AND DISPOSITION
OF CRYOPRESERVED SPERM OR SEMEN**

The University of Washington Medical Center Male Fertility Laboratory (hereinafter "UWMC") agrees to accept responsibility for the custody and cryopreservation of sperm or semen belonging to the patient named below provided that it is agreed by

_____ and _____
(Male Patient "Donor") (Physician or Lab Director, UWMC)
that the sperm and semen will be utilized according to the protocols of the UWMC.

In accepting responsibility for and custody of these tissues, the UWMC acknowledges that control and direction for disposition of this sperm or semen rests with the aforementioned Patient, provided that the only options for disposition are as listed below:

1. Insemination of the Patient's designated intimate partner, or her own or donated oocytes.
Designated partner is:

_____ Address: _____
(specify name or state 'NONE'; if "none", intimate partner must be designated at a future date before sperm can be used).

2. At any time prior to insemination the Patient may request IN WRITING that the sperm or semen be destroyed. This letter must be signed and addressed to Male Fertility Lab, UWMC, 4245 Roosevelt Way NE, Seattle WA 98105. Phone 206-598-1001.
3. At any time prior to insemination the Patient may request in writing to transfer control for disposition to the UWMC for use in other protocols or procedures approved by the University of Washington. Use as donor sperm is not allowed.
4. At any time prior to insemination the Patient may request that the sperm or semen be released from the custody of the UWMC and transferred to the custody of another health care facility. This request is contingent upon approval by the UWMC. It will be necessary for the Patient to sign another consent form specifically authorizing transfer of his sperm/semens to another health care facility outside the UWMC. In no case will the sperm or semen be released for any purpose involving monetary gain for the Patient or the UWMC. In no case will samples designated for intimate partner use only be allowed to be inseminated into either unknown individuals or directed recipients who are not sexually intimate with the donor.

I, _____ (Signature and Date) accept and agree to the above conditions, and further agree that control and disposition of my cryopreserved sperm or semen will be relinquished to the UWMC under the following circumstances:

1. In the event of my death, if I have made no provision for legal transfer to my designated partner, and have not specifically arranged and agreed to the posthumous use of my sperm, or
2. At any time by my written request, or
3. I have not paid charges* or communicated with UWMC for a period exceeding two years.

*NON-PAYMENT OF CHARGES WILL NOT PREVENT FUTURE ANNUAL CHARGES.