

**Consent for Shipment of Frozen Sperm
to the Male Fertility Laboratory
University of Washington Medical Center**

I, _____ (U# _____) consent to and request shipment of frozen sperm belonging to me to the University of Washington Male Fertility Lab from:
[“Originating Program” name and address]

I have been advised that I have ___ straws/vials of frozen sperm. These frozen sperm have been stored at and currently are in the physical possession of the Originating Program. The method of shipping is dependent on my wishes, UWMC’s practices, and the protocol of the Originating Program.

I acknowledge that I had an opportunity to discuss my current medical/fertility situation and conditions, treatment recommendations and options, and the risks and benefits of such treatment related to my frozen sperm, and had any questions regarding such information answered to my full satisfaction. I understand that I have my choice of programs to which the frozen sperm could be transferred; with this knowledge, I elect to have my frozen sperm transported to the Male Fertility Lab.

Cryopreservation is a complicated process that requires sperm preparation, freezing, storage, and thawing under certain conditions and using certain methodologies. I understand that some of the procedures and risks are not well-established, and that potential damage such as spillage, failure of storage and transport containers, and thawing may occur as a result of my request to remove and transport my frozen sperm and that such actions may result in destruction, loss of viability or loss of fertilizing ability of the sperm.

I also understand that there is a risk of misplacement or misidentification of sperm or information relating to the sperm during the transfer and shipping process. By requesting and consenting to shipment of my frozen sperm, I release the University of Washington, UWMC, Men's Health Center, and the Male Fertility Laboratory (collectively, "UWMC") from responsibility or liability for any and all risks or damages associated with the shipment and transfer of my sperm. I also acknowledge that the UWMCC is not responsible for any direct or indirect loss or damage including loss of viability that may occur during storage, handling or thawing of my sperm.

I hereby forever release and hold harmless UWMC, and all medical and laboratory staff, employees, residents, and trainees from: 1) any liability for any consequences that may result, directly or indirectly, by reason of shipment and transfer of my frozen sperm to the Male Fertility Laboratory; and 2) any and all claims, causes of action, demands, rights, liabilities, charges, complaints, suits, obligations, costs, losses, damages, judgments, attorneys’ fees, costs and expenses, and all legal responsibilities, whether known or unknown, whether suspected or unsuspected, whether fixed or contingent for any relief based on statutory, code, regulatory, constitutional, common or case, or other law relating to or arising from the shipment and transfer of my frozen sperm. This release of liability is binding me, individually, and on my heirs, assigns, and estate.

Signed, _____
SUBSCRIBED AND SWORN before me this ____ day of _____, 20____.

Notary Public in and for the State of _____
Residing at _____
Commission Expires: _____

cc: Male Fertility Laboratory Record