



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

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www.thespermbankofca.org A 501(c)(3) CORPORATION

INFORMED CONSENT FOR RECIPIENT OF DIRECTED DONOR SEMEN

This agreement is made between The Sperm Bank of California, a non-profit California corporation (hereinafter "TSBC") and the undersigned, hereinafter referred to as "Recipient." TSBC performs clinical screening of all its sperm donors in accordance with parameters recommended by the American Society for Reproductive Medicine, the American Association of Tissue Banks, and the Centers for Disease Control and Prevention.

Initial next to each statement

_____ I attest that I am at least eighteen years old.

_____ I understand that TSBC tests all Directed and Known Donors for the following sexually transmitted infections (STIs): gonorrhea, chlamydia, syphilis, and antibodies to hepatitis B, hepatitis C, cytomegalovirus (CMV), West Nile Virus, Human T cell Lymphotropic Virus Types 1 and 2 (HTLV-1 and HTLV-2), HIV 1,2, and O. TSBC also screens for potential Zika exposure.

_____ I understand that all semen samples of a Directed Donor are quarantined for a minimum of 180 days and that the Directed Donor must have exit blood testing at least 180 days after their final sample donation to enable the release of all samples. TSBC tests for the presence of antibodies to hepatitis B, hepatitis C, cytomegalovirus (CMV), West Nile Virus, Human T cell Lymphotropic Virus Types 1 and 2 (HTLV-1 and HTLV-2), HIV-1, 2, and O.

_____ I understand that policies involving emerging infections, such as the SARS-CoV-2 virus (also known as Coronavirus) which causes COVID-19, are subject to change as more information is learned. I understand that TSBC follows FDA and ASRM guidelines regarding SARS-CoV-2 virus. I understand that there is limited information with regard to risks from using sperm samples from an individual who is potentially infected with the SARS-CoV-2 virus as the virus is new and transmission via semen is unknown, and therefore guidelines are subject to change. I further understand that TSBC recommends that all recipients (and especially those who have had a positive test for SARS-CoV-2 or diagnosis with COVID-19) consult their medical providers for guidelines regarding SARS-CoV-2 virus and individuals trying to conceive.

_____ I understand that I may waive the 180 day quarantine period for my Directed Donor by executing a written waiver, naming them a "Known Donor". However, I further understand that I cannot waive the requirement for repeat STD testing of my donor. TSBC requires all Directed and Known Donors whose storage visits extend over a period longer than three months or 7 days respectively, after the first donation to repeat all the STD testing as described in paragraph three above.

_____ I understand that if I choose to open a Known Donor account that STI testing of my donor is required within 7 days before or after every sample provided for storage. I further understand that any sample provided that is not within 7 days of STI testing, regardless of the circumstances, is not releasable by TSBC and will be destroyed.

_____ I understand that although TSBC guarantees that the appropriate tests as described above are performed by its reference lab, laboratory tests are not 100% accurate, and TSBC cannot guarantee the absence of sexually transmitted infections, inheritable illnesses, or inheritable birth defects resulting from insemination with donor sperm.

_____ I understand that TSBC cannot guarantee that a viable pregnancy will occur as a result of directed or known donor insemination. I understand that thawed frozen sperm does not survive as long as fresh sperm, and that I should time insemination to take place as close to ovulation as possible.

Recipient's signature

TSBC Representative's signature

Recipient's printed name

TSBC Representative's Printed Name

Date

Date