



Reproductive Technologies, Inc.
THE SPERM BANK OF CALIFORNIA

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INFORMED CONSENT FOR SEMEN RECIPIENT (3 pages)

Please read and then initial next to EACH statement.

(Electronic signatures/initials will not be accepted.)

This agreement is made between The Sperm Bank of California, a nonprofit California corporation (hereinafter "TSBC") and the undersigned, hereinafter referred to as "Recipient." TSBC is registered as a reproductive tissue bank with the FDA (U.S. Food and Drug Administration) and performs clinical screening of all its sperm donors in accordance with parameters required by the FDA and recommended by the American Society for Reproductive Medicine, the American Association of Tissue Banks and the Centers for Disease Control and Prevention. TSBC is also licensed as a Reproductive Tissue Bank and/or Clinical Lab by the following states: California, New York and Maryland.

I attest that I am at least eighteen years old, that I am the recipient who will try to conceive using sperm samples purchased under my account, and that my initial of each paragraph and signature at the bottom of each page signify my understanding, acknowledgment and acceptance of the terms of this agreement.

___ I understand that TSBC evaluates the fertility of every sperm donor and performs a pre-freeze and post-thaw analysis of every sperm sample that is released for insemination. TSBC guarantees a post-thaw minimum of 20 million motile sperm per cc and 15% motility in every regular, unwashed sample. TSBC guarantees a post-thaw minimum of 20 million motile sperm per cc and 20% motility in every washed, IUI-ready sample. As samples that have been washed for intrauterine insemination (IUI) are .5cc in volume, this guarantee translates to a minimum of 10 million motile sperm per IUI-ready vial.

___ I understand that TSBC cannot guarantee that a viable pregnancy will occur as a result of donor insemination or other assisted reproductive procedure. I understand that thawed frozen sperm will not survive as long as fresh sperm, and that I should time insemination to take place as close to ovulation as possible.

___ I understand that fertility clinics have different protocols regarding when to use traditional IVF or ICSI and that some clinics always recommend ICSI for donor sperm cycles. I further understand that TSBC does not provide a refund for vials that meet our guarantees for motile sperm count and motility solely because a clinic recommends or requires ICSI or other advanced assisted reproductive procedures.

___ I understand that TSBC screens all sperm donors for the following sexually transmitted diseases (STDs): gonorrhea, chlamydia, syphilis, and antibodies to hepatitis B, hepatitis C, cytomegalovirus (CMV), Human T cell Lymphotropic Virus Types 1 and 2 (HTLV-1 and HTLV-2), HIV-1 and HIV-2. All sperm samples are quarantined for a minimum of six months, and donors are repeatedly tested for all the STDs mentioned above.

___ I understand that TSBC asks each donor to provide a three or four-generation, self-reported health history on the donor and their family and performs the following genetic testing: screening for cystic fibrosis carrier status, screening for Hemoglobin Electrophoresis (for sickle cell anemia and thalassemia carrier status), screening for Spinal Muscular Atrophy (starting in 2013) and screening for Tay Sachs carrier status (if donor is of Jewish, Cajun, or French-Canadian descent). Additional screening is performed on donors of Jewish ancestry. I understand that each donor's profile will list the testing performed and the results of that testing.

___ I understand that although TSBC guarantees that the appropriate tests have been performed by its reference lab, laboratory tests are not 100% accurate, and TSBC can not guarantee the absence of sexually transmitted diseases, inheritable illnesses, or inheritable birth defects resulting from insemination with donor sperm. I further understand that it is not possible to pre-test a donor for each and every disease, illness, condition, or birth defect that may potentially affect the health of a child born as a result of using the donor's sperm.

 Recipient's Signature

 Recipient's Printed Name

 Date

___ I understand that policies involving emerging infections, such as the Zika virus, are subject to change as more information is learned. I understand that TSBC follows FDA and ASRM guidelines regarding Zika virus, and that potentially infected donors (i.e. donors who report travel in a region with an outbreak) are deferred from donation until they are believed to be no longer infectious based on current knowledge. I understand that there is limited information with regard to risks from using sperm samples from an individual who is potentially infected with the Zika virus and has no symptoms and therefore guidelines are subject to change. I further understand that TSBC recommends that recipients who have traveled to a region with Zika virus transmission in the last 6 months consult the CDC website and their medical providers for guidelines regarding Zika virus testing and individuals trying to conceive.

___ I understand that sperm samples released to me by TSBC are intended for my personal use and not for sale, or other commercial purposes, or for genetic testing. I understand that any additional genetic testing of sperm samples must be coordinated by and/or authorized by TSBC prior to testing and that such testing will only be performed after the donor has been informed and provides consent for the testing of their DNA.

___ I forever release and absolve TSBC and any of its staff and board members, from any and all responsibility or liability whatsoever, for any resulting infectious disease in the recipient or in any fetus/child conceived as a result of inseminating with or other assisted reproductive procedure using TSBC donor sperm. I further release and absolve TSBC, and any of its staff and board members, from any responsibility for any birth defect or serious illness in a child conceived as a result of inseminating with or other assisted reproductive procedure using TSBC donor sperm. I further release and absolve TSBC, and any of its staff and board members, from any responsibility for any genetic defect leading to any tendency towards illness or genetic carrier status for any illness as a result of inseminating with or other assisted reproductive procedure using TSBC donor sperm.

___ I understand that the state of New York prohibits TSBC from shipping sperm samples from donors who have sex with men to recipients in New York. These donors are identified in TSBC's catalog with the notation "no NY."

___ I understand that TSBC is not responsible for any damage to sperm samples that may occur during the transport or shipping process, or due to subsequent storage at another facility. I understand that samples should be used, transferred to another facility, or returned to TSBC as follows: (1) within 7 days of receipt of a shipped tank, (2) within 7 days of picking up in a tank, or (3) within 24 hours of picking up on dry ice.

___ I understand that I am fully responsible for the liquid nitrogen vapor tank from the time it is picked up by me, delivered to me, or delivered to my medical provider's office until it is returned to TSBC, and that if the tank is returned to TSBC late or in damaged condition, I will be held financially responsible. I understand that a daily tank rental fee applies to all tanks picked up at TSBC and to shipped tanks returned after the guarantee period.

___ I understand that donor sperm samples are purchased on a nonrefundable basis, and that if I have not retrieved samples purchased from general inventory within three months of purchase, storage fees will be due. I further understand that storage fees for "sibling inventory" (sperm samples allocated for recipients who have already had at least one child and wish to conceive another child using the same donor) are due at the time of purchase.

___ I understand that storage fees are automatically charged (quarterly for general inventory or annually for sibling inventory) using the credit card on file until all vials have been retrieved and that storage fees are not prorated or refundable. I understand that I am responsible for providing valid and up to date credit card information. I further understand that nonpayment of storage fees cancels the storage agreement and releases ownership of the vials back to TSBC.

___ I understand that TSBC has final responsibility for all donor sperm samples that are collected, screened and stored at its facility. I understand that TSBC reserves the right to retain any samples that I have purchased should the donor retire or meet family limit. I also understand that TSBC reserves the right to retain any samples that I have purchased if an unforeseen situation arises where, in the discretion of TSBC, it is necessary to do so and that TSBC will not reveal the reason for retaining the samples if issues of donor confidentiality or other privacy issues are involved. In the event that TSBC retains any sperm samples that I have purchased for any of the reasons listed above, TSBC will refund the cost of the samples, but will not refund any storage fees I may have paid.

Recipient's Signature

Recipient's Printed Name

Date

revised 06/18

___ I understand that TSBC serves recipients of all ethnicities, races, sexual orientations, genders, and relationship statuses. To help achieve more equitable access, TSBC may reserve vials from some donors for recipients with fewer options.

___ I understand that for the purpose of family limits, sibling inventory, and equity, TSBC defines “a family” as one or more parents and the child(ren) they parent. This includes new partners of anyone already parenting a child conceived with a TSBC donor.

___ I understand that TSBC will only release sperm samples if they meet current FDA and Tissue Bank licensing protocol at the time of release. If TSBC determines that the samples I have purchased do not meet current medical protocol, TSBC will make reasonable efforts to bring the samples up to current medical protocol, but there is no guarantee this can be accomplished. I understand that if the samples do not meet current medical protocol, TSBC will not release these samples to me. In this event, TSBC will refund the cost of the samples, but will not refund any storage fees I may have paid.

___ I understand that when I am ready to retrieve sperm samples for insemination, I must call TSBC to schedule a pick-up appointment or to request a shipment, and that a completed and signed Shipping/Pick-up Order Confirmation Form is required with each pick-up or shipment.

___ I understand that sperm samples released to me are intended for my use only. I agree not to release vials released to me to my medical provider or another person for insemination except as follows. I agree to notify TSBC before giving TSBC sperm samples to any other individual and I understand that the other individual will be required to register with TSBC *prior* to using the samples. I understand that this procedure is required regardless of my relationship with the individual receiving the vials. I further understand that the same procedure is required for embryo donation.

___ I understand that TSBC requires information on pregnancies and pregnancy outcomes, and I agree to notify TSBC of each and every pregnancy, birth, miscarriage or other outcome within 60 days of occurrence. I understand that my medical provider may also provide this information directly to TSBC and that if this occurs TSBC may contact me to obtain additional information.

___ I understand that TSBC works to limit each donor to 10 families. I understand that reporting my pregnancy and pregnancy outcome in a timely manner will assist TSBC in maintaining my donor’s 10 family limit. I further understand that factors outside of TSBC’s control may result in more than 10 families from a donor. These factors include, but are not limited to, multiple families conceiving in the same month, late reporting of pregnancies or births, recipients storing sperm vials or embryos at fertility clinics for future use, and recipients sharing vials or embryos with others who do not already have a child from the donor.

___ I understand that TSBC will release identifying information on donors participating in the Identity-Release® Program only to offspring who are at least 18 years old and that TSBC will not under any circumstances release identifying information on our donors to any other party, including the parents of individuals conceived using TSBC donor sperm.

___ I understand that TSBC requests that families who are curious about genetic relations seek information through mutual consent options (such as TSBC’s Identity-Release® Program and Family Contact List) and not search for or try to contact the donor or other families who share the donor without their consent.

___ I understand that any and all questions as to the legal interpretation, validity or any other aspect of this agreement as it relates to the purchase of and insemination with sperm samples shall be determined by the laws of the State of California, regardless of the location or residence of any of the parties, including any offspring conceived as a result of insemination with TSBC sperm samples. I further understand that any child conceived with sperm purchased or stored at TSBC is explicitly and categorically not intended to be a third party beneficiary to any contract or agreement with TSBC.

Recipient’s Signature

Recipient’s Printed Name

Date

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