



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/KNOWN DONOR SEMEN

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). TSBC is licensed as a Reproductive Tissue Bank and/or Clinical Lab by the following states: California, New York, and Maryland. TSBC performs clinical screening of all its sperm donors in accordance with parameters required by the FDA, 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. My initials on 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 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, Ebola, M-Pox, and COVID.

\_\_\_\_\_ I understand that all semen samples of a Directed Donor are quarantined for a minimum of 6 months and that the Directed Donor must have exit blood testing at least 6 months after their final sample donation to enable the release of all samples.

\_\_\_\_\_ I understand that I may waive the 6 month quarantine period for my 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 policies involving emerging infections, such as the SARS-CoV-2 virus which causes COVID-19 and Mpox, are subject to change as more information is learned. I understand that TSBC follows FDA and ASRM guidelines regarding emerging infections.

\_\_\_\_\_ 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.

\_\_\_\_\_ I understand that any samples stored with TSBC are the property of the Directed or Known Donor and as the Authorized Representative, I am allowed to receive vial information, update payment information, schedule shipments or pick-ups, and close the account.

\_\_\_\_\_ **I understand that this is the donor's account, and they can revoke access to the account at any time, including and up to having the vials destroyed or giving them to another recipient.**

\_\_\_\_\_  
Recipient's signature

\_\_\_\_\_  
TSBC Representative's signature

\_\_\_\_\_  
Recipient's printed name

\_\_\_\_\_  
TSBC Representative's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date