

ID#
Type:

SPERM STORAGE REQUEST & CONSENT (ADULT)

For name/address change and cancellations please contact Andrology Data Manager

Email: andrology.datamanager@thewomens.org.au

For all other matters contact general email: andrology@rch.org.au

Patient Details:

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Preferred Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Pronouns

HE/HIM	SHE/HER	OTHER
--------	---------	-------

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Postal address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postcode

Phone (Mob)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicare number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Reference number

Medicare expiry

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Your doctor's name: _____ Ph: _____

My Partner's Details (if relevant):

Surname/Family Name _____ First name _____

Preferred Name _____

Pronouns: _____ HE/HIM, SHE/HER, OTHER _____

Date of birth ____/____/____

Mobile: _____

Email _____

Next of Kin Details (Father/Mother/Brother/Sister/Other _____)

Surname/Family Name _____ First name _____

Address _____ Postcode _____

Telephone Home: _____

Work: _____

Mobile: _____

Email _____

1. Request for Sperm Storage

I REQUEST the Andrology Unit to store my semen (hereinafter referred to as sperm). I make this request for the following reasons: (Please tick appropriate box)

☐ Cancer (pre chemo/radio therapy or surgery) ☐ IVF/ICSI/IUI ☐ Gender affirming hormone therapy (GAHT)

☐ Stem Cell Transplant (leukemia, other cancer type) ☐ Stem Cell Transplant: Immunodeficiency, other disorder-specify:

☐ Chronic Viral Illness ☐ Other _____ (please specify)

2. Period of Storage (for further information: www.varta.org.au)

I understand that under the *Assisted Reproductive Treatment Act 2008 (Vic)* (ART Act), sperm can only be stored for up to ten (10) years from the date it was first frozen, unless permission is given by the Patient Review Panel (PRP) for an extension of the storage period, or in specific circumstances as set out in that Act. The PRP is an independent body established under the ART Act.

I understand that **without a valid extension permit, the Andrology Unit, of the Royal Women's Hospital and the Royal Children's Pathology Service (hereafter to be referred to as "the Andrology Unit") is legally obliged to stop storing my sperm specimen as soon as 10 years have passed, except where the PRP has granted an extension or in the specific circumstances in the Act. I understand that it is my, or my legal agent's, responsibility to apply to the PRP for an extension of storage prior to the ending of the 10 year storage period.**

3. Exceptions to 10-year Storage Period

The *Assisted Reproductive Treatment Act 2008 (Vic)* sets out that sperm must only be stored for 10 years in most cases but it may be stored for longer in the following circumstances:

- a) an extension is granted by the PRP;
- b) 20 years if storage is by a minor AND a doctor has certified that there is a reasonable risk that the minor may become infertile before reaching adulthood;

Doc No. AN-F-008	Version: 25	Date: 18/06/2025
Authorised by: Gulfam Ahmad	Ref Doc. AN-M-003, AN-P-010	Page 2 of 4

- c) 20 years if a doctor has certified that the person is at reasonable risk of becoming prematurely infertile DUE TO a medical procedure or condition.

4. Fees and Notices

I agree to pay The Royal Women's Hospital any and all fees related to freezing and storing my sperm. I have been advised of these fees and understand these may change in future.

5. Cancellation of Sperm Storage

I understand that I can cancel my sperm storage at any time by directly contacting the Andrology Unit and undergoing the cancellation process.

I authorise the Andrology Unit to remove my sperm from storage and discard it without direct contact from me, if:

- I have not paid The Royal Women's Hospital fees for storing my sperm when those fees fall due; or
- 10 years (or such other period as allowed under the ART Act) have passed since my sperm was first frozen and I, or in the event of my death my partner, have not obtained permission from the PRP for continued storage of my sperm.

I acknowledge that the Andrology Unit follows a specific patient notification procedure which consists of a number of attempts to contact me by written communication and by telephone. If after all reasonable attempts to contact me have failed I understand that the Andrology Unit will determine that that I am non-contactable and discard my sperm.

6. Instructions in the Event of My Death (NOT APPLICABLE TO DONORS)

The posthumous use of stored sperm is governed by Section 5 of the ART Act. Please visit the website of the Patient Review Panel for further information: www.vic.gov.au/patient-review-panel

I understand that paternity and inheritance in respect of any child who may be born after my death as a result of a treatment procedure after my death using my sperm are matters that are controlled by the ART Act and I will obtain at my cost any necessary legal advice about these matters.

I understand that before my sperm may be used following my death, my partner must apply to the PRP for approval to use them posthumously..

In the event of my death while my sperm remain stored, my instructions in relation to the posthumous use of my sperm are (**Please CIRCLE A OR B for the instructions which are to be followed** and draw a line through the instructions which are NOT to be followed):

A. I direct that the Andrology Unit remove my sperm from storage and discard it

OR

B. I consent to my sperm being used by my partner to achieve a pregnancy

I understand that under the ART Act, I am not able to donate my sperm to any person.

7. Use of Personal Health Information

I understand that the Royal Children's Hospital and the Royal Women's Hospital are bound by the requirements of applicable Privacy laws with respect to the management of patient health information.

I understand that my personal health information may be used to provide statistical data for licensing and regulatory requirements, research or quality assurance purposes. Information used for these purposes will be de-identified and will not identify me by name or inference.

8. Certification for storage

In the case of a request for storage up to 20 years, a requirement of the ART Act is that the person storing the sperm has a reasonable risk of infertility. Storage for 20 years is not automatic without valid written certification (**see Clause 3 above**).

Doc No. AN-F-008	Version: 25	Date: 18/06/2025
Authorised by: Gulfam Ahmad	Ref Doc. AN-M-003, AN-P-010	Page 3 of 4

Printed Version is a Controlled Document only if Stripe on Margin is RED

9. Liability waivers

- The Royal Children's Hospital and the Royal Women's Hospital, their employees, servants and agents will not be liable in respect of any loss or damage to my sperm during the entire period of storage, including transport to and from other sites and temporary storage at other sites.
- The Royal Children's Hospital and The Royal Women's Hospital do not guarantee that my sperm will produce a pregnancy after storage.

10. Acknowledgments

By signing this Request for Sperm Storage:

- I confirm that the personal and contact details I have provided are correct.
- I acknowledge that it is my sole responsibility to ensure that the Andrology Unit has my correct contact details and to notify the Andrology Unit in writing of any future change of address or other contact details as soon as practicable.
- I understand that in the event that I am not able to be contacted at the address I have provided, the Andrology Unit will discard my sperm without further notice to me.
- I understand that I am responsible for paying storage fees and if the storage fees are not paid in full, the Andrology Unit may discard my sperm without further notice to me.
- I acknowledge that it is my sole responsibility to apply to the PRP for permission to extend my sperm storage beyond the statutory 10 / 20 year expiry date and failing to do so will result in my sperm being discarded.
- I understand that once removed from storage and discarded, the sperm will no longer be available to me for any purpose.

Note: Was the storage consent read to you by andrology staff to meet any special needs? Yes ☐ No ☐ N/A ☐

Name of interpreter _____ Signature _____

NOTE: By signing this consent, I acknowledge that the sample stored is for personal use in IVF treatment with my legal partner and cannot be donated to any other person.

* Signature of patient: _____

*Name of patient (please print): _____

Date: ____/____/____

In the presence of:

Signature of witness _____

Name of witness (please print) _____

Date: ____/____/____

Has a doctor's written certification been obtained (if 20 years storage applicable):

☐ Yes ☐ No

If no certification is obtained the maximum initial storage period is 10 years.

Doc No. AN-F-008	Version: 24	Date: 18/06/2025
Authorised by: Gulfam Ahmad	Ref Doc. AN-M-003, AN-P-010	Page 4 of 4