



the women's  
the royal women's hospital

**Andrology Unit**

C/ - Locked Bag 300

Parkville VIC 3052 Australia

**T: 8345 3992**

ID#  
Type:

**SPERM STORAGE REQUEST**

**Andrology Email Contact:** andrology.datamanager@thewomens.org.au

**Patient (Male) or Donor Details:**

Surname/Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Other names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Medicare Number: \_\_\_\_\_

*\*If a minor please see further information required on the next page.*

Telephone Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email \_\_\_\_\_

Your doctor's name \_\_\_\_\_

Telephone \_\_\_\_\_

**My Partner's Details (if relevant):**

Surname/Family Name \_\_\_\_\_ First name \_\_\_\_\_

Other names \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mobile: \_\_\_\_\_

Email \_\_\_\_\_

**Next of Kin Details (Father/Mother/Brother/Sister/Other \_\_\_\_\_)**

Surname/Family Name \_\_\_\_\_ First name \_\_\_\_\_

Other names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email \_\_\_\_\_

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### 1. Request for Sperm Storage

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

- Pre-Vasectomy   
  Pre-Chemotherapy   
  Chronic Viral Illness   
  IVF/ICSI/IUI  
 Known Donor   
  Other \_\_\_\_\_ (please specify)

I confirm that the personal details I have provided are correct. I agree that it is my responsibility to advise the Andrology Unit in writing if any future changes occur. I understand and acknowledge that in the event that I am not able to be contacted at the address I have provided, The Royal Women's Hospital may, at its discretion, cancel my storage and discard my sperm without further notice.

### 2. Period of Storage (for further information: [www.varta.org.au](http://www.varta.org.au))

I understand that under the *Assisted Reproductive Treatment Act 2008 (Vic)*, 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 for an extension of the storage period, or in specific circumstances as set out in that Act. The Patient Review Panel is an independent body established under the *Assisted Reproductive Treatment Act 2008 (Vic)*. I understand that without a valid extension permit, The Andrology Unit, of the Royal Women's Hospital and 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 ten years have passed, except where the Patient Review Panel has granted an extension or in the specific circumstances in the Act.

I acknowledge that the Andrology Unit follows a specific notification process to remind patients of the need to apply for a storage extension when a specimen is approaching the legal expiry date. However, I understand that it is solely my own responsibility to apply to the Patient Review Panel for permission to extend my sperm storage beyond the expiry date and failing to do before the storage term expires will result in my sperm specimen no longer being stored by the Andrology Unit.

### 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;
- (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 that The Royal Women's Hospital will be paid 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.

I understand and acknowledge that in the event that I am not able to be contacted at the address I have provided, or if the fees of The Royal Women's Hospital are not paid in full, The Royal Women's Hospital may, at its discretion, discard my sperm with no further notice to me.

### 5. Cancellation of Sperm Storage

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

I authorise the Andrology Unit to remove this sperm from storage and discard it without direct contact from myself personally, if:

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- The Royal Women's Hospital fees for storing this sperm have not been paid in full after all reasonable attempts have been made by The Royal Women's Hospital to contact me and I am considered to be 'non-contactable' as a result; or
- Ten years (or such other period as allowed under the *Assisted Reproductive Treatment Act 2008 (Vic)*) have passed since my sperm was first frozen and I have not obtained permission from the Patient Review Panel for continued storage of this sperm ; or

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 may then consider that I am 'non-contactable'. For this reason I understand that it is my sole responsibility to ensure that my correct contact details are held by the Andrology Unit and that I will notify any changes in writing to the Andrology Unit of The Royal Women's Hospital as soon as practicable.

I understand that once removed from storage and discarded, the sperm will no longer be available to me for any purpose.

#### 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 *Assisted Reproductive Treatment Act 2008 (Vic)*. Please visit the website of the Victorian Assisted Reproductive Treatment Authority (VARTA) for further information:

[www.varta.org.au](http://www.varta.org.au)

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 provided for in the *Assisted Reproductive Treatment Act 2008 (Vic)* 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 Patient Review Panel for approval to use them posthumously. I understand in making their decision the Patient Review Panel must have regard for the guiding principles set out in Section 5 of the *Assisted Reproductive Treatment Act 2008 (Vic)*.

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 *Assisted Reproductive Treatment Act 2008 (Vic)*, 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 not identify me by name or inference.

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### 8. Certification for storage

In the case of a request for storage up to 20 years, a requirement of the *Assisted Reproductive Treatment Act 2008 (Vic)* 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**).

### 9. Acknowledgments

By signing this Request for Sperm Storage I acknowledge that:

- 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.
- I am responsible for paying storage fees and notifying the Andrology Unit of any change of address or other contact details.

\*Signature:

\_\_\_\_\_

\*Name (please print)

\_\_\_\_\_

(\* If a minor then signature and details of Parent/Guardian required)

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.*

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