

Semen Storage Consent - Minor

Full Name of Patient: _____ Date of Birth:/...../.....

IVF No: _____ Overseas Patient? YES/NO Medicare No: _____

Address: _____

_____ Postcode: _____

Telephone No: (H) _____ (W) _____ (M) _____

Mature minor? YES NO (TO BE COMPLETED BY MONASH IVF SPECIALIST ONLY)

Where a Monash IVF doctor has ticked 'YES' (ie. the patient has been classed as a mature minor), the patient may consent to the procedure and therefore complete this consent form themselves. It is recommended that Parents/Guardians acknowledge their agreement by signing this form.

Where a Monash IVF doctor has ticked 'NO' (ie. the patient has **not** been classed as a mature minor), the patient's parent or guardian must complete this consent form on the patient's behalf.

Name of Parent/Guardian :

Full Name: _____ Date of Birth:/...../.....

Relationship to Patient: _____

Address: _____

_____ Postcode: _____

Telephone No: (H) _____ (W) _____ (M) _____

I, _____ (full name), confirm the semen sample collected in the specimen container labelled _____ was produced by _____ at the Andrology, Laboratory, Hawthorn / Clayton / Sunnybank / Gold Coast / Rockhampton / Townsville / other location on/...../..... (date).

Signature:

Date:/...../.....

Reason for Storage: (Please tick)

Medical Storage

Reason: _____

Referral Doctor's Name: _____
(All patients to complete please)

Address: _____

_____ Postcode: _____

Telephone No: _____

Section A – Consent

I give my consent for the freezing and storage of my/the semen at Monash IVF.

I understand, acknowledge and agree as follows:

- a) My/The sperm will not necessarily be stored by Monash IVF and may instead be stored by an agent of Monash IVF, which is equipped to provide services of that nature.
- b) There is no guarantee or assurance by Monash IVF, its servants or agents that my/the sperm, prepared and frozen in liquid nitrogen or by any other means now or in the future, will survive the freezing and thawing process;
- c) There is no guarantee or assurance by Monash IVF, its servants or agents that my/the sperm, stored in liquid nitrogen or by any other means now or in the future, will, when thawed, fertilise eggs or produce a pregnancy;
- d) Fees are charged for sperm collection, freezing and storage at private rates established by Monash IVF (and its Pathology provider). I understand that Monash IVF will forward regular invoices for storage fees. Failure to respond to these accounts may result in requirement for back payment if I/_____ return(s) to use my/the stored sperm.
- e) If you still have semen or testicular tissue in storage in 6 months time, another invoice will be sent to you.
- f) If you wish to dispose of your/the semen or testicular tissue, please contact the Male Cryo-storage Coordinator on (03) 9420 8218.

Signature of Patient:
(Mature minor)

Date:/...../.....

AND

Signature of Parent/Guardian:

Date:/...../.....

Section B - Storage Regulations

The length of time that you can keep sperm in storage is determined by the ART Act 2008 in Victoria, and by the NHMRC *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research, June 2007*, in all other States,

In Victoria:

The ART Act 2008 provides that sperm may be kept in storage for a maximum of 10 years. A request to extend the storage time must be made in writing to your Monash IVF clinic at least 6 weeks prior to the expiry date to allow sufficient time to prepare the documents required to be sent to the Patient Review Panel. Monash IVF will attempt to contact you to determine whether you wish to apply for an extension in the storage time, when the time limit is due to expire. After that time, applications to the Patient Review Panel for a further extension of storage is your responsibility. If no alternative arrangements have been made by you and Monash IVF has made all reasonable attempts to contact you, then Monash IVF will be required by legislation to dispose of your/the sperm.

You will have been advised of any storage details following treatment and Monash IVF will attempt to forward correspondence regarding storage options at regular intervals. However, **it is your obligation and responsibility** to inform Monash IVF in writing of any changes to your current address, phone numbers and email address and any changes in your directives concerning your/the stored sperm.

In all other states:

Sperm maybe kept in storage for a maximum of 10 years. A request to extend the storage time must be made in writing to your Monash IVF clinic.

g) I have read the above information and understand the legal (Victoria) / ethical (all other States) requirements in relation to storage of sperm.

h) Whilst I understand that Monash IVF will exercise reasonable care and skill in respect of its procedures for sperm storage and in the implementation of those procedures, I acknowledge that Monash IVF, its servants and agents take no responsibility for any loss of viability of my/the sperm or any damage (including irreversible damage) which may occur to the sperm whilst storage at Monash IVF or elsewhere, and I absolve Monash IVF, its servants and agents from any liability in respect of such loss or damage.

Signature of Patient:
(Mature minor)

Date:/...../.....

AND

Signature of Parent/Guardian:

Date:/...../.....

Section C – Transport of Sperm between Monash IVF Centres

Occasionally, Monash IVF has a need to transfer sperm between sites to allow treatment at different affiliated Monash IVF facilities. Such transportation may involve fresh or cryopreserved (frozen) material and takes place in special transport containers handled by appropriately trained staff or professional courier services.

- i) I consent to Monash IVF to transport sperm between affiliated Monash IVF Centres / Satellites or its Agent as required for treatment or storage.
- j) I agree that neither the sending nor the receiving unit is responsible for or liable for the safety and integrity of the sperm during transportation or for the condition upon arrival.
- k) I agree that accidents beyond the control of all parties involved can occur during transportation resulting in the loss of viability of the sperm.
- l) I agree that in the absence of any criminal negligence the carrier is not liable for the condition of the sperm upon delivery to its destination.

Signature of Patient:
(Mature minor)

Date:/...../.....

AND

Signature of Parent/Guardian:

Date:/...../.....

Section D - Contact Responsibilities

In accordance with current regulations and Monash IVF Policy, ***it is your obligation to inform Monash IVF with changes of address, phone numbers, and email address. Any changes must be submitted to the IVF Clinic in writing.***

Signature of Patient:
(Mature minor)

Date:/...../.....

AND

Signature of Parent/Guardian:

Date:/...../.....