

Patient#: _____

**NEW YORK CRYO
CONSENT FOR URGENT CRYOPRESERVATION**

1. PERMISSION

Due to the following emergency condition _____, I am unable to complete the normal sperm storage procedures of Bruce R. Gilbert M.D., Ph.D., P.C. (the P.C.) Therefore, I hereby request that if I am unable to produce a semen specimen at the P.C.'s office or bring it personally to the P.C.'s offices that I authorize that my designee, _____, bring my sperm sample to P.C. (and/or its employees, contractors, agents and shareholders) for the purpose of preserving such sample for the period of up to thirty (30) days, within which time I shall fully comply with all required procedures of the P.C. regarding the storing and processing of semen samples (collectively "Procedures") including, but not limited to: (i) in office consultation and provision of all requested patient information; (ii) HIV testing and other required blood testing; (iii) completion of relevant consent forms; (iv) completion of a detailed patient history; and (v) the payment of all requested fees. **I understand that if I do not comply with all P.C. procedures within thirty (30) days from the date hereof, the P.C. shall be permitted to destroy or discard my semen sample without any prior notice to me. I further understand that I will be responsible for any costs, fees or expenses incurred with the storage, transfer, destruction or collection incurred prior to completion of these required procedures.**

Client initial: _____

2. EXPLANATION OF PROCEDURE, RISKS AND BENEFITS

I understand that the P.C. makes no representations to me regarding the possibility of my sperm sample being accepted for processing by the P.C. I understand that the sample I am providing may not be suitable for processing by the P.C. due to situations beyond the control of the P.C. I understand that if I do not fully comply with all P.C. Procedures within thirty days hereof, the P.C. may destroy or discard my semen sample without notice to me. I also understand that even if I fully comply with the P.C. procedures, the P.C. may not accept my sample for processing if it fails to meet required P.C. standards. I also understand that even if my sperm is accepted, the processing by the P.C. may not be successful, may cause the semen to be unusable or may cause the sperm to become infected, which infection could be transmitted to my intimate partner, as will be explained to me in more detail when I comply with the P.C. procedures. I also understand that P.C. does not perform sperm

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insemination and that I will have to arrange for such procedure with a different provider. I further acknowledge have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

3. RELEASE AND INDEMNIFICATION.

I accept these risks, and any other risks or complications that have been explained to me prior to my executing this consent, and in consideration of the P.C. carrying out my emergency request to store my sperm for thirty (30) days, I hereby release, forever discharge and agree to indemnify and hold harmless the P.C., and its principals, employees, contractors, agents, shareholders, affiliates, successors, assigns, officers, and directors from and against any and all actions, causes of action, claims, debts, demands, liabilities, covenants, or damages of any kind or nature, whatsoever, both in law and equity, which may arise out of or pertain to the performance by the P.C. of the services described above.

4. NO GUARANTEES

I acknowledge that no guarantees or assurances have been made to me concerning the use or viability of the sperm for artificial insemination.

5. UNDERSTANDING OF THIS FORM

I confirm that I have read this form, fully understand its contents, and that all the blank spaces above have been completed prior to my signing.

Name:

(Print Name)

Date: _____

Witness