

Statement of Understanding for Intended Parent(s)/Recipient(s) Using Directed Donor Sperm

CryoGam Colorado, LLC 2216 Hoffman Dr., Unit B Loveland, CO 80538 800-473-9601

This form is to be signed by the Intended Parent(s)/Recipient prior to the completion of directed donor screening, testing and cryopreservation.

Donor Name: _____ **Donor DOB:** _____

Primary Intended Parent/Recipient: _____ **DOB:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Alternate Phone:** _____ **Email:** _____

Additional Intended Parent/Recipient (if applicable): _____ **DOB:** _____

Phone: _____ **Alternate Phone:** _____ **Email:** _____

Recipient's Physician: _____ **Phone:** _____

Address: _____ **Fax:** _____

_____ **Email:** _____

Please read the following statements of understanding regarding the use of directed donor sperm processed by CryoGam.

1. I understand that all fees are non-refundable and are due at the time of service regardless of the specimen quality, test results, donor eligibility or specimen use. I understand that if the directed donor does not complete the screening, testing, and release process according to CryoGam's requirements, no fees will be reimbursed and specimens will not be eligible for release.
2. I understand that any financial contribution by Intended Parent(s)/Recipient(s) does not entitle nor ensure access to the directed donor's health information or cryopreserved sperm specimens. I understand that regardless of which party pays for the services, the directed donor may withdraw his permission for use of the cryopreserved sperm at any time.
3. I understand that CryoGam's satellite offices have limited appointment times. I understand that the directed donor may have to travel to the Loveland office in order to complete parts of the directed donor program. I understand that it is the responsibility of the directed donor and/or the Intended Parent(s)/Recipient(s) to call and cancel scheduled appointments within 24 hours of the appointment or I may be charged a \$50.00 cancellation fee.
4. I understand that the directed donor must authorize CryoGam to release and discuss medical information with Intended Parent(s)/Recipient(s). I understand that the release of information can be revoked by the donor at any time.
5. I understand that the directed donor must provide written authorization for the Intended Parent(s)/Recipient(s) to use his cryopreserved sperm for artificial reproductive procedures. I understand that the directed donor has the right to retain full control over the release of his specimens.

6. I understand that the directed donor has the option to retain full control over future storage payments and destruction of the cryopreserved sperm specimens or he may request that one of the Intended Parent(s)/Recipient(s) be responsible for payment of all future storage invoices. I understand that the directed donor can only give one Intended Parent/Recipient control of storage and destruction of cryopreserved sperm specimens. This person will be considered the **Primary Intended Parent/Recipient** and I understand that the Primary Intended Parent/Recipient is required to sign a storage agreement with CryoGam in order to assume control of the storage and destruction of specimens. I understand that the release of specimens to the **Additional Intended Parent/Recipient** must be authorized by both the directed donor and the Primary Intended Parent/Recipient.
7. I understand that CryoGam is not liable for communication and/or agreements between directed donors and the Intended Parent(s)/Recipient(s).
8. I understand that CryoGam will determine donor eligibility for directed donors. I understand that certain medical history, behaviors, risk factors and test results may deem the directed donor ineligible for donation at any time throughout the process.
9. I understand that under certain circumstances I *may* be allowed to proceed with an ineligible directed donor. I understand that my physician is required to approve the use of an ineligible directed donor prior to CryoGam releasing the sperm specimens to me or my physician. I also understand that certain reasons for ineligibility may not be waived and such reasons are at the sole discretion of CryoGam.
10. I understand that CryoGam requires all specimens to remain in quarantine for a period of 180 days. At the end of the 180 day quarantine period, I understand that the directed donor is required to complete a physical and retesting in order for CryoGam to finish the donor eligibility process. I understand that under no circumstances will the specimens be released, shipped, or used prior to the 180-day quarantine and retesting requirements.
11. I understand that it is the responsibility of the directed donor and/or the Intended Parent(s)/Recipient(s) to contact CryoGam with inquiries regarding test results and to schedule follow up appointments, including the retesting and physical exam after the 180-day quarantine.
12. I understand that screening and testing the donor does not guarantee sperm quality nor does it guarantee that the donor will be deemed eligible or that cryopreserved sperm specimens will be released for use.
13. I understand that my physician may require additional testing for directed donors. I understand that it is the responsibility of the directed donor and/or Intended Parent(s)/Recipient(s) to request that CryoGam perform any additional tests or requirements. I understand that there are additional fees for these services and that not all requests can be completed.
14. I understand that I must notify CryoGam, in writing, if I decide not to proceed in using the directed donor.

I have read and understand all the statements written in this Agreement and do hereby wish to proceed in processing the directed sperm donor named above with CryoGam Colorado, LLC.

*Primary Intended Parent/Recipient (Signature)

Date

*Additional Intended Parent/Recipient (Signature)

Date

***Note: If this form is not signed in the presence of a CryoGam employee, please include a copy of signee(s)' valid photo ID.**

CryoGam Witness

Date

OR

Received By

Date