

**MEMPHIS FERTILITY LABORATORY, INC.**

80 Humphreys Center, Suite 307

Memphis, Tennessee 38120

(901) 747-2229

**REQUEST FOR EXTENSION OF STORAGE OF CRYOPRESERVED SPERM**

1. I (*your name*), \_\_\_\_\_, the undersigned patient, have previously consented to have sperm cryopreserved and stored at the Andrology Laboratory of Memphis Fertility Laboratory, Inc. (MFL).
2. I understand that the storage agreement will expire on \_\_\_\_\_, the anniversary date of cryopreservation, at which point all sperm will be handled according to my previously designated instructions. I hereby request that storage for all cryopreserved sperm be extended for an additional one year period to expire again on the anniversary date of cryopreservation.
3. I understand that I must re-elect one of the options below for designation of stored sperm prior to extension of storage. If I do not execute another Request for Extension of Storage form prior to the expiration of the ensuing one year period or do not thaw and use all stored sperm for fertility treatments before the one year storage period has expired, then I hereby authorize and direct that the action marked below be taken, and I hereby consent thereto (*initial next to your choice and cross out the other*):
  - \_\_\_\_\_ a) donate the sperm for research by The University of Tennessee, Memphis (UT Memphis). Any research performed shall be with the prior approval of the UT Memphis Institutional Review Board and shall be conducted pursuant to applicable federal and state guidelines. Research on sperm will not be conducted that results in conception. This designation releases any or all rights I may have in the cryopreserved sperm and any cell lines, intellectual property, or royalties that may be derived from such work. Sperm remaining unused may be thawed and disposed at the discretion of physician in accordance with applicable federal and state law.
  - \_\_\_\_\_ b) thaw and dispose of all stored sperm. This designation allows MFL to dispose of sperm in a manner consistent with applicable federal and state law one year from the date of cryopreservation or at the termination of the current extension period.
4. I understand that the long term safety or viability of cryopreserved sperm is unknown. It has been strongly recommended to us that stored sperm be thawed and used for fertility treatments within 5 years of cryopreservation.
5. Before the one year storage period has expired, I may request an extension of sperm storage for any remaining stored sperm. The extension will allow sperm storage for another year as well as any change in sperm designation. A completed Request for Extension Of Storage form must be signed by me, notarized and must be accompanied by the annual storage fee. The Request for Extension Of Storage form must be returned on or before the expiration of the current one year storage period. I understand

Initial: \_\_\_\_\_

and acknowledge that it is my responsibility to monitor the storage period and I understand that this consent form will constitute the only notification that I will receive regarding expiration of storage.

6. I understand it is our responsibility that MFL be supplied with any change in mailing address. My current mailing address is:

(street) \_\_\_\_\_

(city, state, zip) \_\_\_\_\_

7. I understand that the payment of the annual storage fee of \$250.00 must accompany this request for extension of storage.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me, a Notary Public in and for said County and State, on this the \_day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Initial: \_\_\_\_\_