

Directed Donor Consent and Agreement

Directed Donor Name:	
Date of Birth:	
Directed Donor Number:	
Date of Visit:	

I, _____ ("Donor"), hereby consent and agree to participate in the directed semen donation at Cryomate, Inc. By agreeing to the terms and conditions stated herein, I agree to donate semen for the express purpose of assisting the individual(s) listed below in achieving pregnancy, in accordance with these terms and conditions.

Intended Parent(s):

Name(s): _____

Address: _____

- ☐ I acknowledge and agree that my donated semen will be used exclusively by the Intended Parent(s) listed above, for the purpose of assisted reproduction.
- ☐ I understand that my donation is not anonymous and that the Intended Parent(s) are known to me.
- ☐ I acknowledge and agree that I am making this donation voluntarily, and I have no expectation of legal parentage or custodial rights with respect to any child born from this donation.
- ☐ I acknowledge and agree that the Intended Parent(s) will be the child's legal and social parent(s), and I will not be named on the child's birth certificate, unless otherwise required by law or agreed in writing.
- ☐ I acknowledge and agree that Cryomate may share information including medical information related to my donation with the Intended Parent(s) and relevant healthcare providers. I acknowledge and agree that I may withdraw my consent until such time that the Intended Parent(s) have begun a medical cycle in reliance on the availability of my tissue.
- ☐ I acknowledge and agree that in the unfortunate event of my death or legal incapacity my donated semen may continue to be stored and used by the intended Parent(s).
- ☐ I understand that legal advice is recommended regarding parental rights and obligations related to directed donation and that Cryomate does not provide legal counsel.

- ☐ I acknowledge and agree that I have no intention or desire to be the legal or social parent and/or guardian of any embryo or conceived-child resulting from my semen donation(s) and, to the extent permitted by law, I, on behalf of myself and any persons acting by or through me, waive all legal or other claims that I may have to parenthood or guardianship of any embryo or person resulting from my semen donation(s).
- ☐ I certify that to the best of my knowledge and belief, the information provided regarding my medical history and other pertinent requested information is complete and accurate.
- ☐ I acknowledge and agree that to be a semen donor, I must undergo assessment by medical staff, including a physical examination, and must provide blood and urine specimens to undergo any necessary or legally required laboratory tests pertinent. I further acknowledge and agree that Cryomate will conduct assessments for a range of infectious diseases as necessary or required by applicable local, state or federal laws ("Infectious Disease Testing").
- ☐ I acknowledge and agree Infectious Disease Testing shall include without limitation testing for Syphilis, Hepatitis B surface antigen and core antibody, and the human immunodeficiency virus (HIV) as required by Ind. Code § 16-41-14-5 or other applicable local, state or federal laws ("Legally Required Tests"). If the initial screening test for the human immunodeficiency virus (HIV) antibody yields positive results, Cryomate will perform or arrange for a confirmatory test for HIV antibody. Additionally, Cryomate will offer complimentary counselling and the opportunity to discuss the results with Cryomate's clinical staff.
- ☐ I acknowledge and agree that in compliance with Ind. Code § 16-41-14-5 or other applicable local, state or federal laws, Cryomate may be legally obligated to conduct one or more of Legally Required Tests initially and/or as required.
- ☐ I acknowledge and agree that in compliance with Ind. Code § 16-41-14-5 or other applicable local, state, or federal laws, Cryomate may be legally obligated to report to public health authorities the presence of a disease that Cryomate is legally required to report, including, without limitation, the human immunodeficiency virus (HIV), Syphilis, Chlamydia, and Gonorrhea.
- ☐ I acknowledge and agree to the following notice as required by Ind. Code § 16-41-14-13:

NOTICE

- (1) This facility performs a screening test for the human immunodeficiency virus (HIV) on every donor's blood.**
- (2) This facility reports to the Indiana Department of Health the name and address of a semen donor or recipient when a confirmatory test of the semen donor's blood or the recipient's blood confirms the presence of antibodies to the human immunodeficiency virus (HIV).**
- (3) A person who, for the purpose of artificial insemination, recklessly, knowingly, or intentionally donates, sells, or transfers semen that contains antibodies for the human immunodeficiency virus (HIV) commits a criminal offense as described in IC 35-45-21-1.**

- ☐ I acknowledge and agree that should I at any time put myself at risk of a sexually transmitted disease or become aware that I have contracted a sexually transmitted disease while donating, it is my obligation to immediately notify Cryomate of the circumstances and nature of such.
- ☐ I acknowledge and agree that this Donor Consent and Agreement does not constitute, create, give rise to, or otherwise recognize a joint venture, partnership, or formal business organization of any kind between the parties, and the rights and obligations of the parties shall be only those expressly stated under this Donor Consent and Agreement.
- ☐ I also understand and agree that semen samples donated belong to the recipient mentioned above and that should I decide to withdraw consent from the use of my semen sample that Cryomate will destroy all donated samples as soon as reasonably practicable following receipt of notification of my wish to withdraw consent, but that such destruction of samples is not guaranteed to take place prior to 72 hours of notification.
- ☐ I acknowledge and agree that I have been given the opportunity to ask questions regarding this have received answers to all my questions and all information about the agreement that I need or desire.
- ☐ I acknowledge and agree that my semen sample(s) may be stored indefinitely, but I acknowledge and agree that Cryomate is not obligated to maintain my semen sample(s) for any duration of time and the semen sample(s) may be destroyed by Cryomate. Deidentified samples may be used for quality control, assurance, training, research, or validation.

Declaration	
Directed Donor's name:	
Directed Donor's signature	Date:
Cryomate staff name:	
Cryomate staff signature:	Date: