

CHIREC - Medically Assisted Reproduction Center – HBW/DELTA

Authorization for autologous cryopreservation of sperm	<i>Written by : Kristel Van den Broeck</i>
FE-MEDI-006-GB-version 11	<i>Verified by : Célia André</i>
<i>Date d'application : 21/05/2024</i>	<i>Approved by : Romain Imbert</i>

Agreement for cryopreservation of sperm

This form was given to the patient on ____ / ____ / ____
by Dr _____

Stamp and signature of the Physician:

This document introduces an agreement for an autologous cryopreservation of sperm between:

On the one hand, **CHIREC Medically Assisted Reproduction Center** recognized as Bank for Human Body Material implemented by Law of 19 December 2008, and represented by Dr. Romain IMBERT, administrator of the bank for HBM, located in:

Braine-l'Alleud – Waterloo Hospital:

Address: Rue Wayez, 35 (-1, Building F)
1420 Braine-l'Alleud

Phone: +32 2 434 95 55 (working days)

Fax: +32 2 434 95 56

E-mail: pma@chirec.be

On another hand, **the applicant:**

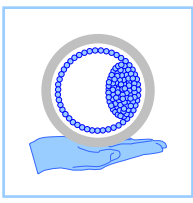
SURNAME – First Name:

Date of birth:

Address:

Label of Mr. / To add on the day of retrieval

E-mail address : _____@_____



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I, Mr. _____, the undersigned, declare that I have asked the CHIREC MAR Center for a cryopreservation of my sperm :

- A. To carry out a future treatment with intra-uterine insemination (IUI) or in vitro fertilization (IVF) in the context of a parental project**
- B. To preserve my fertility (especially before a vasectomy or before a potentially gonadotoxic treatment).**

The medical staff has explained the benefits as well as the disadvantages and risks of cryopreservation of sperm.

During consultations, I have received and understood sufficient information from the CHIREC MAR team.

I have been given the contact details of competent persons to provide psychological support before, during, and after the process. Participation in consultation prior to the treatment was highly recommended.

I am aware that cryopreservation process may result in the loss of quality of gametes, which cannot be imputed to CHIREC. Resources in terms of conservation of fertility depend on the quality of sperm and on frozen semen.

I agree that when thawing, condition of gametes might be different than initially.

I am aware that using my sperm will be reassessed by the CHIREC fertility team. In case of refusal of the use, the CHIREC MAR Center reserves the right to invoke a conscience clause and will give me contact details of another MAR center.

Transfer of vials, if authorized by another center, will be at my expense. Otherwise, at the end of the cryopreservation period, my gametes will be allocated where specified hereafter.

I am aware that the CHIREC MAR Center cannot guarantee the success of treatment.

I am aware that about 2% of children are born with physical or fatal abnormalities that are not verifiable by the physician.

The applicant commits to perform the necessary examinations to establish the health and safety of semen provided, i.e. serology for HIV, hepatitis B (Ag HbS, HbS Ac Ac HbC), hepatitis C (Ac Hc) and syphilis, carried out less than 3 months prior to donation.

The applicant have informed his doctor of any stay abroad in the last 3 months.

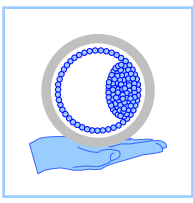
The cost of sperm cryopreservation is €150 (if successive freezing is necessary, this cost covers a period of one month). There are as well fees for preservation of €150 per year (indexing), from the second year and regardless the numbers of frozen vials. If you have not conveyed your decision to stop the **conservation within the 30 days following the date of invoice**, you are supposed to pursue the conservation and committed to pay the bills.

In accordance with Law governing Medically Assisted Reproduction of 6 July 2007, the period of cryopreservation of gametes for a parental project is **limited to a 10-year period**, starting on the day of cryopreservation.

I, Mr....., the undersigned, wish :

- Not to reduce this period**
- To reduce it to a fixed period of years.**

At any time, the applicant can ask to stop preservation of his frozen sperm, by filling in the proper document.



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In special circumstances, this period may be extended several times for a period of 1 year. This or these application(s) must be the subject of a written document, signed and sent as a recorded letter, with a copy of ID. If the extension is denied, the applicant has a period of 2 months to arrange, at his expense, the transfer of the semen vials to another bank, failing which they will be destroyed.

Any request to shorten or extend the preservation could only be submitted by the applicant.

On expiry of the sperm cryopreservation period, I want it to be:

A. Allocated to an anonymous donation programme, free of charge and definitive. In the case of a donation the MAR center will provide agreement/informed consent specific to donation, a questionnaire, and a blood test to perform. Assuming I would refuse or stop submitting to any examinations, or if the results are incompatible with the donation, I am aware that my sperm straws will be destroyed by CHIREC in accordance with the current Law

B. Destroyed by CHIREC, according to the current law.

* **Scientific research:** the law of 6 July 2007 on MAR and destination of supernumerary embryos and gametes provides possibility of donating gametes and/or supernumerary embryos for a scientific research program. I am / We are informed that the CHIREC MAR center does not carry out research on gametes and embryos within the meaning of the law of 11 May 2003 related to in vitro embryo research.

At the end of the stipulated deadlines, the arrangements made here will be carried out without delay and without further notice.

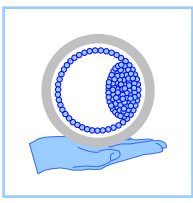
In case of death, gametes will be allocated where specified here above.

Any change of this agreement must be the subject of a written document signed by all parties of the agreement.

I agree that my medical and administrative data will be made available to the gynaecologists of the CHIREC Medically Assisted Reproduction Center involved in the treatment and authorize data communication to external bodies with the aim of national and international registration and monitoring of the quality of MAR activity. This communication is transmitted in encrypted form so that the identity of the persons concerned is not disclosed to the agency that receives and analyses the data.

If moving house, I am required to send CHIREC a notice of address modification. The hospital has no research obligation about the home or place of residence of the applicant. Failure to provide an address modification automatically dispenses CHIREC of all obligations under this contract.

If the CHIREC MAR Center should be separated from the sperm bank, I authorize the CHIREC MAR service to transfer frozen vials to another MAR Center at my convenience, in accordance with quality and safety standards.



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The undersigned agree with all the points mentioned above ;

<p><u>The applicant :</u></p> <p>Surname :</p> <p>First Name :</p> <p>Date : ____ / ____ / ____</p> <p>Signature :</p>
<p><u>Referred doctor :</u></p> <p>Date : ____ / ____ / ____</p> <p>Stamp and signature</p>

This agreement is made in 2 copies, one for the applicant, and the other for the MAR Center.

No sperm freezing will be performed if the signed agreement is not in our possession on the day of freezing.

Please make sure that this document, duly completed and signed, is in possession of the MAR Center prior to your treatment.