

## CHIREC - Centre for Medically Assisted Reproduction - HBW

<b>Authorisation to freeze sperm from a non-anonymous donor</b>	<i>Written by: Romain Imbert</i>
FE-MEDI-009-GB version 03	<i>Checked by: Célia André</i>
Date of application: 21/05/2024	<i>Approved by: Romain Imbert</i>

### Agreement on the freezing of sperm from a non-anonymous donor

This form was given to the donor on ...../...../.....  
by Dr .....

Doctor's stamp and signature:

This document establishes an agreement for the use of cryopreserved sperm in a directed/non-anonymous sperm donation programme, between

As one party, the **CHIREC Centre for Medically Assisted Reproduction**, approved as a Bank for Human Body Material pursuant to the Law of 19 December 2008 and represented by Doctor Romain Imbert, Manager of the Bank for Human Body Material, located at:

#### Braine l'Alleud - Waterloo Hospital

**Address:** Rue Wayez, 35 (-1, Building F)  
1420 Braine-l'Alleud  
**Tel:** + 32 2 434 95 55 on working days  
**Fax:** + 32 2 434 95 56  
**Email:** [pma.hbw@chirec.be](mailto:pma.hbw@chirec.be)

As the other party, **the sperm donor:**

LAST NAME – First name:

Date of birth:

Address:

Donor label

Email address(es): \_\_\_\_\_@\_\_\_\_\_

And, as the other party, the **parental project developer(s):**

LAST NAME – First name:

Date of birth:

Address:

Recipient label –  
To be added on the day of UC

LAST NAME – First name:

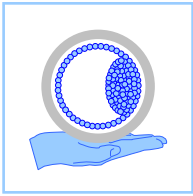
Date of birth:

Address:

Partner label (*If necessary*) –  
To be added on the day of UC

Email address(es): \_\_\_\_\_@\_\_\_\_\_

\_\_\_\_\_@\_\_\_\_\_



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I, the **sperm donor**, declare that I have been informed of the different possible uses for my sperm by the doctor of the medically assisted reproduction centre.

I declare my consent to the collection, freezing and use of my sperm for use in a DIRECT/NON-ANONYMOUS DONATION programme.

- I declare that my decision to use my sperm in a donation programme was made freely and without constraint, on my own initiative.
- I authorise the team at the CHIREC Centre for Medically Assisted Reproduction (MAR) to process my sperm for directed/non-anonymous donation purposes.
- I declare that frozen sperm straws are reserved exclusively for insemination or IVF treatment for Mrs :

LAST NAME, First name : \_\_\_\_\_

Date of birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

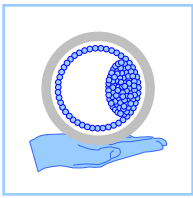
- I am aware that I cannot exert any influence over this administration.
- I have been informed that sperm that cannot be used in the context of a sperm donation and is intended to be destroyed may be used for the purpose of training and improving the quality of the MAR laboratory techniques.
- During successive consultations, I was able to obtain all of the additional information I wanted from the team at the Centre for MAR and I have understood it.
- I declare that I have received the contact details of the persons authorised to provide psychological support before and during the sperm donation process and that I have been informed of the need to meet a psychologist or child psychiatrist.

I declare that I have been informed of the legal provisions provided for by the Law on MAR of 6 July 2007, which specifies, in particular, that the following are prohibited:

- The marketing of sperm
- Eugenic sperm donation, i.e. focused on the selection or amplification of non-pathological genetic characteristics of the human species
- Sperm donation focused on gender selection, with the exception of selection that allows embryos with gender-related diseases to be ruled out
- Simultaneous insemination of sperm from different donors.

I declare that I have been informed that:

- Once the donation procedure has been initiated, the donation is irrevocable.
- Sperm from the same donor cannot lead to the birth of children in more than 6 different women (or couples of women).
- **In this respect, the donor expressly declares that he has not been or become a sperm donor at another bank.**
- With effect from insemination of the sperm given, the rules of parentage as established by the Belgian Civil Code work in favour of the parental project developers who received the said sperm. No action relating to parentage or its heritage effects may be initiated against the sperm donor or brought against the sperm donor by the recipients and by the child born from the insemination of this sperm.



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Lastly, I was informed of my commitment:

- To provide all necessary medical information and to undergo the examinations necessary to establish the **health safety of the sperm provided by undertaking a serological assessment beforehand involving the search for syphilis, hepatitis B & C and HIV antigens and/or antibodies**, a karyotype, a search for the carriage of cystic fibrosis or any other hereditary disease common in those of my ethnicity as well as other potential communicable diseases provided for in the legislation on banks for human body material. I have been informed of the need to meet a geneticist as part of this sperm donation process.
- During the donation period, to undergo serology testing (syphilis, hepatitis B & C and HIV) and a Chlamydia test by PCR in urine on each donation.
- The sperm will be frozen for a period of 6 months, after which the serology test involving the search for syphilis, hepatitis B & C and HIV antigens and/or antibodies will be repeated. Sperm will only be validated for human use from the date of receipt of the results of this last serology test.
- Sperm can also be validated immediately after receiving the serology for syphilis and PCRs for HIV, HCV, HBV, performed at the time of the last donation.
- I undertake to bring to the CHIREC Centre for MAR any new information concerning genetic factors detected in my family, any change in my state of health.
- I agree, should the health of the child conceived by this sperm donation so require, to the CHIREC Centre for MAR transmitting medical information about me to the doctor appointed by this child or their parents, without prejudice to the Law of 8 December 1992 on the protection of privacy and the General Data Protection Regulation of 27 April 2016.
- I agree to undergo subsequent additional examinations that may be necessary for the health of the child resulting from this donation.
- **I declare that I have informed my doctor of any stay abroad during the last 3 months.**

In the event that the results of examinations aimed at ensuring the health safety of the sperm given prove to be incompatible with the donation or if I refuse or refrain from undergoing these examinations, the sperm, therefore unused, will be **destroyed**.

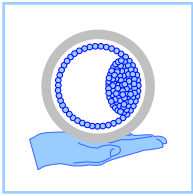
The legal retention period for sperm is 10 years maximum. It may be reduced at the request of the depositary.

The parental project developer(s) choose:

- long-term retention (10 years)
- retention reduced to ..... year(s)

The cost of sperm cryopreservation is 150 euros (if several successive freezes are necessary, this package covers a period of one month). There is also a storage fee of 150 euros (indexable) per year from the second year, regardless of the number of frozen straws. In the event that you have not communicated your decision not to continue the storage **within thirty days of the invoice date**, you are presumed to want to continue the storage and honour the invoices.

The parental project developers may decide to end the storage of their donor's sperm at any time, by sending a notification by registered letter signed by the parental project developers.



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At the end of the retention period decided above or when this is specified by the parental project developers, the cryopreserved sperm:

- Can be used for anonymous donations
- Must be destroyed
- Must be retained for the donor's own use.

In the event of death, or insoluble disagreement about the destination of gametes, the sperm will be destroyed unless an agreement between the parties is concluded for another use, an agreement to be attached in the appendix.

These instructions from the donor and the parental project developer(s) may be modified, subject to the expiry of the legal retention period of 10 years for sperm used in a donation programme. These changes must be the subject of a written document signed by all parties to this agreement.

The donor agrees to have his medical and administrative data made available to the gynaecologist responsible for the sperm bank, and authorises communication of the data obtained to external bodies with a view to national and international registration as well as monitoring the quality of MAR activity. This communication is made in coded form so that the identity of the data subjects is not revealed to the organisation that receives and analyses the data.

I undertake/We undertake to immediately inform the Centre for MAR of any change in the family or home situation.  
**The Centre for MAR is under no obligation to seek out this information.**

The undersigned agree to all of the above points.

<b><u>The non-anonymous donor</u></b> Date: ____ / ____ / ____ Signature:	
<b><u>The sperm recipient</u></b> Date: ____ / ____ / ____ Signature:	<b><u>The recipient's partner</u></b> Date: ____ / ____ / ____ Signature:
<b><u>The doctor</u></b> Date: ____ / ____ / ____ Stamp and signature:	

***This agreement is drawn up in three copies: one for the donor, the other for the recipient or the recipient couple and the 3<sup>rd</sup> for the Centre for MAR.***