

## CHIREC - Medically Assisted Reproduction Center – HBW

<b>Authorization for surgical sperm retrieval</b>	<i>Rédacteur : Kristel Van den Broeck</i>
FE-MEDI-022- version 07	<i>Vérificateur : Célia André</i>
Date d'application : 21/05/2024	<i>Approbateur : Romain Imbert</i>

### Agreement for surgical retrieval and cryopreservation of sperm

This informed consent form was given to the patient on ...../...../.....  
by Dr .....

Stamp and signature of the medical doctor :

This agreement is hereby entered into by, on the one hand, the Medically Assisted Reproduction Center recognised as Bank for Human Body Material implemented by the law of December 19, 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.hbw@chirec.be](mailto:pma.hbw@chirec.be)

And on the other hand, the applicant:

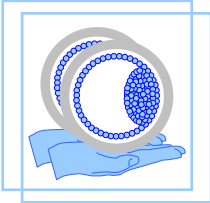
SURNAME – First name:

Date of birth:

Address:

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

E-mail addresses: \_\_\_\_\_@\_\_\_\_\_



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I, the undersigned, Mr ..... Hereby confirm that I have asked the CHIREC MAR Center:

- Surgical sperm retrieval (in epididymis or testicle) in order to use the for an IVF treatment for a subsequent parental project and **if possible**, cryopreservation of collected sperm to preserve my fertility.
- Surgical sperm retrieval (in epididymis or testicle) in order to use the for an IVF treatment for a subsequent parental project **but I refuse** cryopreservation of collected sperm to preserve my fertility.

The medical team has explained the benefits as well as the disadvantages and risks of surgical sperm retrieval and cryopreservation of sperm.

During consultations, I have received and understood sufficient information from the CHIREC Medically Assisted Reproduction staff.

I have been informed of the possibility of using psychological support before, during and after the process, and I have been given the contact details of a specialist. Participation in prior consultation 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 cryopreservation of fertility depend on the quality of sperm and frozen semen.

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

I have been informed that gametes (sperm) which cannot be used in the parental project and which will be destroyed, may be used for training purposes and to improve the quality of the techniques of the MAR laboratory.

I am aware that the use of my sperm will be re-evaluated by the CHIREC fertility team. In case of refusal of the use, the CHIREC MAR Center can invoke a conscience clause and will give me the contact details of another fertility center. Transfer of vials, if authorised by another center, will be at my expense.

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

I am aware that about 2% of children are born with physical or life-threatening abnormalities that cannot be verified by the doctor.

I undertake to carry out the necessary tests to establish the safety of the semen supplied, i.e. serology for HIV, hepatitis B (HbS Ag, HbS Ac, HbC Ac), hepatitis C (Hc Ac) and syphilis carried out less than 3 months before the first retrieval and serology less than one year old for subsequent retrieval.

I declare that **I have informed my doctor of any stay abroad during the last 3 months.**

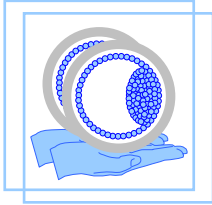
The cost of sperm cryopreservation is 150 euros for each freeze. There is also a storage fee of 150 euros (indexable) per year from the second year onwards, regardless of the number of frozen vials. In case you have not communicated your decision to stop the treatment **within 30 days of the invoice date**, you are supposed to continue the treatment and committed to pay the bills.

In accordance with the law relating to Medically Assisted Reproduction of 6 July 2007, the period of cryopreservation of gametes for a parental project or a subsequent parental project is limited to a 10-year period, beginning on the day of cryopreservation.

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

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

At any time, the applicant may request to stop the storage of his frozen sperm, by filling in the document provided for this purpose.



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In special circumstances, this period may be extended several times for a period of 1 or 2 years.

The 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 2 months to organize the transfer of the semen vial to another bank at his own expense, failing which they will be destroyed.

Any request to shorten or extend the preservation can only be made by the person who requested the cryopreservation.

**At the end of the sperm cryopreservation period, I would like the sperm to be :**

- A. Assigned to an anonymous sperm donation programme free of charge and definitive.** In the event of a donation, the PMA center will provide you with the specific informed consent agreement for the donation, a questionnaire and a blood test to be carried out. In the event that I later refuse or refrain from undergoing the above-mentioned tests, or if the results of the tests prove to be incompatible with the donation, I am informed that my semen straws will be destroyed by CHIREC in accordance with the applicable legislation.
- B. Destroyed** by CHIREC in accordance with the applicable legislation.
- \* **Scientific research:** the law of 6 July 2007 on Medically Assisted Reproduction and the destination of supernumerary embryos and gametes foresees the possibility to donate 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 according to the law of 11 May 2003 on research on in vitro embryos.

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

**In case of death**, my gametes will follow the chosen destination at the end of the cryopreservation period (see above).

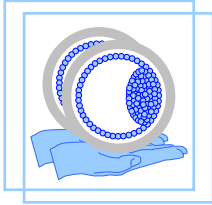
I have been informed that if I have not reconnected at the end of the 10 years, the center will take into account the choice mentioned above.

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 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.

In case of a move, I am obliged to send a notice of change of address to CHIREC. The hospital has no obligation to search for the applicant's domicile or place of residence. Failure to transmit the change of address automatically exempts the CHIREC from all obligations arising from this contract.

Should the CHIREC MAR center separate from the sperm bank, I authorise the center to transfer the frozen vials to another fertility center at my convenience, in accordance with the quality and safety standards.



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The undersigned agree to all of the above :

<b>Mr:</b> Date: ____ / ____ / ____ Signature:	<b>Medical Doctor :</b> Date ____ / ____ / ____ Stamp and signature:
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*Done in duplicate*

*Please ensure that this document, duly completed and signed, is in the possession of the MAR Center BEFORE the start of your treatment.*