

INFORMED CONSENT FORM FOR RESERVATION OF DONOR SEMEN

This form explains what to expect from SpermLab's program about the reservation of donor semen. It also explains what SpermLab needs from you. We will assist you in the selection of the donor best for you.

The number of semen samples of a donor is limited, so availability cannot be guaranteed in the future. If you would like to ensure their availability in future treatments, it is recommended that you make a reservation of a number of doses of the donor you have chosen. It is recommended that you consult your doctor about it.

RECEIVER'S PERSONAL DATA

Receiver's CHN:

NAME: SURNAME:
DATE AND PLACE OF BIRTH: IDENTITY/PASSPORT NR: Authority and date:
TELEPHONE: e-mail:

PARTNER'S PERSONAL DATA (required if the receiver is not nubile)

NAME: SURNAME:
DATE AND PLACE OF BIRTH: IDENTITY/PASSPORT NR: Authority and date:
TELEPHONE: e-mail:

RESIDENCE'S ADDRESS

Street: civil nr: Postal code: City: Region: Country:

Receiver's signature:..... Partner's signature:

You understand that genetic and physical characteristics as well as the health profile of the child born as a result of the donation depends on those of the biological parents. SpermLab cannot guarantee that the child born will have the genetic and physical characteristics as well as the health profile of the donor. Similarly, children born to you with the use of donated sperm of the same donor will resemble each other as much as children of the same parents do.

SpermLab does not, and is not able to guarantee that the next time you will try to become pregnant by the use of semen of the same donor will be as easy (or as hard) as it was the first time.

You acknowledge that for the reservation of donor semen samples you are charged and you accept this charge until you ask in writing the cessation of this reservation. You shall prepay the compensation for each sample in reservation and a storage fee (per trimester or year) for no matter how many straws you keep in reservation.

Choosing a donor

Please fill in the donor's Nr/code and the number of samples that you would like to make a reservation of.

Donor Nr/code:

Number of samples		Usage (ICI/IUI)		Motility (5/10/20 mill./ml)	
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The paper process

We want you to read thoroughly this informed consent form that we provide. Ask any questions and make sure you clearly understand it before you sign it. This is to ensure that we are following your choices and directions. You may want to consult your attorney, physician or other advisor to review the documents before you sign them.

If you have any questions about this document, please contact us:

T. +30 210 9227515; F. +30 210 9227513; ✉ 3, Thiateiron str.; 171 21 – Nea Smirni; Athens; GR - Greece; @ info@spermlab.gr; A competent person of our staff will answer your questions.

Once again, thank you for your estimation and trust in our services.

Sincerely,

The staff of SpermLab - G. Voulgaridis Ltd

SpermLab – G. Voulgaridis Ltd must receive this informed consent form fulfilled and signed via fax, e-mail or ordinary mail at least one business day prior to placing a specimen order.

DOCTOR:
Stamp:

CLINIC:
Stamp:

Signature:

Date: / /

I read thoroughly this document.

Date: / /

Receiver's signature:

Partner's signature:

To be filled by SpermLab: donor's code/Nr: _____ sample's code: _____ Date of pregnancy report: ____/____/____

