

**INFERTILITY & IVF MEDICAL ASSOCIATES OF WESTERN NEW YORK**

**CRYOPRESERVATION OF SEMEN  
FROM TESTICULAR TISSUE**

**BUFFALOIVF.COM**

*When you have scheduled your appointment with Dr Crickard or  
Dr Sullivan to sign the consent, please bring this packet...*

**INFERTILITY & IVF MEDICAL ASSOCIATES OF WNY**

**Hemlata S. Bhakoo, Ph.D.**  
**Director, IVF Andrology Laboratory**  
**4510 Main Street**  
**Snyder, New York 14226**  
**Tel: 716/839-5198**  
**FAX: (716) 839-1477**

Dear Sir:

In response to your request for cryopreservation of Testicular Semen, please find enclosed information which we hope will answer many of your questions or concerns regarding cryopreservation of semen.

If you have questions or require further information, please call the IVF Andrology Laboratory at 839-5198.

Kent Crickard, M.D.  
Director, IVF Program  
Michael W. Sullivan, M.D.  
Co-Director, IVF Program

## **Patient Information for Testicular Semen/Sperm Banking**

### ***Why is sperm banking from testicular tissue performed?***

In cases where the male partner has severely impaired sperm function it may be necessary to retrieve sperm directly from the testicular tissue. The sperm is then used with the ICSI procedure during In Vitro Fertilization. Due to the nature of the sperm obtained from testicular tissue, it cannot be used with intrauterine insemination.

Additionally, patients requiring testicular surgery for various types of cancer are advised to cryopreserve sperm for future use. In most cases, sperm are severely compromised after chemotherapy/radiation treatment.

### ***How is testicular sperm used with In Vitro Fertilization and the ICSI procedure?***

In Vitro Fertilization (IVF) involves removing eggs from the ovaries, fertilizing them in the laboratory and then replacing the embryos in the uterus where they implant and mature. In Vitro Fertilization is an effective treatment for some types of infertility. For patients with cryopreserved semen from testicular sperm, the ICSI procedure must be used together with In Vitro Fertilization. Intracytoplasmic Sperm Injection (ICSI) is a technique that uses microscopic tools to directly inject a single sperm into the center of each oocyte (female egg). Use of this technique has allowed many couples to achieve fertilization and pregnancy who would otherwise have little or no chance of a successful conception.

### ***How long can sperm be cryopreserved?***

After the testicular sperm are frozen, a small portion is removed 48 hours later to test the freezing post-thaw motility and survival. This will give an indication of the effects of freezing on the sperm and the usefulness of frozen storage.

There is no guarantee that the sperm will survive long-term storage . Although there has been successful storage of semen with subsequent pregnancy after 12 years of storage, there is some evidence that there may be degradation in some samples after a few years or sooner.

### ***Is one testicular specimen enough?***

In most cases, one testicular biopsy specimen is enough to yield several attempts at In Vitro Fertilization. The amount of the sperm in the testicular specimen can be verified after the specimen has been processed.

## Requirements for Testicular Semen/Sperm Banking

### ***BEFORE TESTICULAR BIOPSY:***

1. Schedule Appointment – You and your wife/partner must schedule an appointment with Drs. Kent Crickard or Michael Sullivan to review the procedure and sign the consent form before your scheduled testicular biopsy with your urologist. **Call the office for an appointment at 839-3057.** This office visit will be billed to your insurance as an infertility visit and you must provide your insurance information and obtain an insurance referral if required.
2. Review Consent Form - Please review the attached consent form but **do not sign** until your appointment with Drs. Crickard or Sullivan. If you have any questions, they will be discussed at your visit.
3. Laboratory Testing - All patients having cryopreservation of semen must complete the tests listed below. This testing will be done at your office visit to sign consent. These tests are usually covered by insurance, however, if your insurance requires laboratory testing with your primary physician, ask your primary physician to order these tests. **Testing must be performed within one month of your testicular biopsy and the results sent to this facility prior to freezing.**

HIV and HIV-2	Hepatitis B surface antigen	Hepatitis C
CMV (IgG and IgM)	Hepatitis B core antibody	Chromosomal Study

**Please Note:** Infertility & IVF Medical Associates of WNY is not equipped to store biohazardous specimens. If testing for HIV 1 and HIV 2 are positive, the specimens cannot be stored here and must be shipped to another facility or destroyed upon your final authorization. Furthermore, this testing will give reasonable assurance that the specimens can be safely used in the future for insemination with In Vitro Fertilization. For complete assurance, you can be tested for HIV six months after your last specimen is stored.

4. Storage Fee – The fee for processing and cryopreservation is listed below. Please note this fee must be paid before testicular biopsy.

\$600.00	-	Analysis, processing, cryo and storage for the first year
\$200.00	-	storage per year after the first year

### ***DAY OF TESTICULAR BIOPSY:***

Transporting Testicular Specimen – Immediately following testicular biopsy, your testicular specimen will be placed in a container and must be transported from the physician's office/hospital to the IVF Andrology Laboratory at Infertility & IVF Medical Associates of WNY on the second floor at 4510 Main Street (near the corner of Main Street and Harlem Road). **It is necessary that you make arrangements for your spouse, partner or family member to deliver the specimen to our laboratory.**

### ***AFTER TESTICULAR BIOPSY:***

Test Results – A semen analysis report will be faxed to your urologist two days following the biopsy. You may call your urologist for these results.

## INFERTILITY & IVF MEDICAL ASSOCIATES OF WNY

### Consent Form

### Cryopreservation of Semen/Sperm From Testicular Biopsy

I, \_\_\_\_\_ wish to preserve my sperm by  
*patient*

cryopreservation (freezing) in the IVF Andrology Laboratory at Infertility & IVF Medical Associates of Western New York. I understand that the initial sample (testicular tissue and/or aspirate) will be frozen according to laboratory procedure and a small portion removed 48 hours later to test the freezing post-thaw motility and survival. This will give an indication of the effects of freezing on the sperm sample and the usefulness of frozen storage.

I further understand that:

1. The Infertility & IVF Associates of WNY will make all reasonable efforts to keep the frozen sperm safe. The facility is always locked with a security system and no unauthorized persons are allowed in the IVF Andrology Laboratory. There is no guarantee that the sperm will survive long-term storage. Although there has been successful storage of sperm with subsequent pregnancy after 12 years of storage, there is some evidence that there may be degradation in some samples after a few years or sooner. Furthermore, the possibility does exist that under unusual circumstances or situations beyond the Laboratory's control (such as, but not limited to, power failure, breakage of the tanks, loss of liquid nitrogen), specimens may thaw and no longer be viable. I have been informed of these possibilities and accept these risks upon entering into the cryopreservation program and signing this Agreement, I realize that the Laboratory staff checks the cryotanks on a daily basis, including holidays and will take suitable precautions so that the specimens are safe and do not thaw.
2. I understand that physicians and staff at Infertility & IVF Medical Associates of WNY are not obligated to proceed with any procedure to implant my sperm for the purpose of insemination. The IVF Andrology Laboratory staff also retains the right to terminate its participation in sperm bank procedures for any reasons that it may determine to be appropriate. In any circumstance, when such procedures are terminated and cryopreserved sperm remain in storage, the laboratory will arrange for the disposal of such sperm in accordance with my desires and at my expense in accordance with this Agreement.
3. Although there are no guarantees, current available evidence suggests that there is no increased risk of genetic defects attributable to the freezing and thawing of sperm specimens.

4. I agree to have the required laboratory tests listed below with results sent to Infertility & IVF Medical Associates of WNY prior to cryopreservation. The IVF Andrology Laboratory does not have the capacity to store biohazardous specimens, therefore, I must be tested for sexually transmitted diseases. The IVF Andrology Laboratory at Infertility & IVF Medical Associates of WNY will not store sperm specimens unless tests are negative. I also hereby release from any liability the IVF Andrology Laboratory at Infertility & IVF Medical Associates of WNY in the event that sexually transmitted disease transmission occurs from a future insemination of my wife or intimate partner with my stored sperm.

Required Tests:    HIV and HIV-2                      Hepatitis B surface antigen  
                           Hepatitis B core antibody    CMV (IgG and IgM)  
                           Hepatitis C  
                           Chromosomal Study (Blood Karyotype)

5. I hereby agree and acknowledge that any sperm which Dr. Kent Crickard or Dr. Michael W. Sullivan at Infertility & IVF Medical Associates of WNY determine in the exercise of reasonable medical judgment are non-viable or otherwise not medically suitable for continued use, may be disposed of in accordance with IVF Andrology Laboratory policies.
6. In the event that I should die or become incompetent, that my marriage is dissolved because of dissolution proceedings or death, or if my wife or intimate partner experiences a hysterectomy, or is determined to be incapable of achieving a pregnancy, I agree that the sperm held by the IVF Andrology Laboratory at Infertility & IVF Medical Associates of WNY in accordance with this Agreement and/or in accordance with applicable laws shall and be owned and controlled in accordance with laboratory policies and applicable legal and ethical principles. My stored sperm will never be used for insemination of a woman (or women) unknown to me. Only I can authorize the use of the sperm for insemination of my wife or intimate partner.
7. The stored sperm shall be destroyed upon the IVF Andrology Laboratory's receipt of a copy of a death certificate in the event of my death, or upon the Laboratory's receipt of a Consent to Destroy Semen Specimen requesting that the sperm be destroyed; this Consent must have my notarized signature. Upon receipt of the Consent to Destroy Semen Specimen, the sperm will be held for a maximum of one month and will then be destroyed.
8. I agree to pay a fee (which I hereby acknowledge has already been discussed with me and provided in writing) for any initial work-up, processing and yearly storage of the sperm. If I do not pay these fees and I have been contacted by the Laboratory by telephone and in writing and I fail to respond within 30 days, I am aware that the IVF Andrology Laboratory is authorized by New York State regulations, to destroy the stored sperm after such 30 day period of non-payment and non-response on my part.

- 9. I have scheduled a consultation with Dr. Kent Crickard or Dr. Michael Sullivan (839-3057) to discuss all aspects of the sperm banking and to ask any and all questions relative to this procedure. If I choose not to have this consultation, I hereby agree to release from any liability the IVF Andrology Laboratory at Infertility & IVF Medical Associates of WNY because I did not have appropriate information.
- 10. I will notify Infertility & IVF Medical Associates of WNY of any address or status change as soon as possible.

**SPERM DISPOSITION:**

In the event of my death, the following are given as to the disposition of my stored sperm:

- A. \_\_\_\_\_ thaw and no further action taken
- B. \_\_\_\_\_ donated for research purpose
- D. \_\_\_\_\_ other (*explain*) \_\_\_\_\_  
\_\_\_\_\_

**SEMEN CRYOPRESERVATION FEES: *Signed Consents and processing fees are required before freezing...***

\$600.00 - (1 specimen) for processing and storage for the first year  
 \$200.00 - storage per year after the first year

\_\_\_\_\_  
patient signature

\_\_\_\_\_  
date

\_\_\_\_\_  
physician/witness signature

\_\_\_\_\_  
date

