fertility for future

KINDERWUNSCHZENTRUM
AN DER WIEN
- OBRUCA & STROHMER -

Give your fertility a future.

We are honoured that you consider a fertility treatment at the Kinderwunschzentrum an der Wien. Below you will find our documents for sperm cell cryopreservation and a checklist with all the necessary documents / findings for the first appointment.

Personal data

Academic title	
Last name*	
First name*	

* Please state your **current and officially registered name**, as we are obliged to issue contracts and other documents in this name. In the event of changing your name, please let us know.
If you wish, we will be happy to already consider **your desired name** for face to face communication:

Your desired salutation	o Ms o Mister o non-binary
Your desired name	
Citizenship	
Date of birth	
Address	
Zip code and city	
Country	
Place of birth	
Birth name	
Urologist (Name + Zip code, city)	
Social security number (10 digits)	
Insurance institution	
Supplementary insurance	
Mobile phone number	
Profession	

Additional information

Preferred language	o German o English	o German o English
Are you willing to talk about your sperm cell freezing treatment?	o Yes, personally (e.g. TV appearance). o Yes, but only anonymized.	o No, I am not willing to talk about it.
How did you find out about the Kinderwunschzentrum an der Wien?	Urologist: o directly referred to our center o a few clinics were suggested	
	Online: o Google search o attended our Fertility Webinar o Instagram o Facebook o YouTube o Online forum	
	o recommended by family / friends / colleagues	
	o Other (hospital, influencers, media, …):	

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Checklist for the sperm cell cryopreservation

The Kinderwunschzentrum an der Wien offers cryopreservation of sperm cells and recommends the preventive storage of sperm for the following indications:

- planned chemo- or radiotherapy
- testicular diseases
- surgeries
- planned gender reassignment
- diseases that can affect fertility

Documents to confirm the medical indication:

e.g. medical confirmation, hospital reports, operation reports, medical certificate regarding trans identity

Section 2b (1) of the Austrian Reproductive Medicine Act (FMedG) states that sperm cells may be frozen for medical reasons. Therefore, please send us your relevant documents, as we are obliged to document this as part of your treatment.

Arranging your appointment

Since the decision on cryopreservation must sometimes be made at short notice, it is important to contact us as soon as possible. The first step is therefore to make an appointment for sperm cell cryopreservation.

You can contact us during our telephone hours under T +43 1 934 69 79.
Mon - Thu: 8 am - 12 pm | 1 pm - 4 pm **Fri: 8 am - 1 am**

Advice for your treatment!

If possible, we recommend **sexual abstinence of 2 to 7 days** before sperm delivery. If you have any further questions about your sperm cryopreservation, our IVF laboratory team will be happy to assist you.

www.kinderwunschzentrum.at/en
www.facebook.com/kinderwunschzentrum.an.der.wien
www.instagram.com/ivfwien
www.youtube.com/ivfwien

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Questionnaire

This questionnaire is very important for the start of your treatment. Please take a few minutes to fill it out completely and correctly. With this information, we can provide you with the best possible care.

✱ Important: Please submit your medical findings for all questions marked with this icon!

Medical indication

Reason for cryopreservation ✱	
Date of diagnosis	
Is a hormonal therapy planned?	o If yes, approximate start:

Diagnostics

Important: Only answer the following questions if the reason for cryopreservation is a health condition!

Where are you being treated? (hospital, department)			
Are you currently receiving inpatient treatment?	o Yes	o No	
Contact person & phone number (doctor or hospital department)			
Already completed treatment / therapy: ✱	When?	o chemotherapy	o radiotherapy
		o surgery	o hormonal therapy
Approximate start of therapy (chemo- / radiotherapy):			

Fertility & andrology

Achieved pregnancies	o Yes	o No	
		Notes (Diagnosis, treatment, etc.)	
Malformation of the spermatic duct	o		
Undescended testicle as a child	o		
Testicular inflammation	o		
Injury of the testicles	o		
Varicose veins in the testicles (varicocele)	o	o no surgery (yet)	o surgery in (year):
Difficulties with delivering sperm (e.g. in an unfamiliar environment, erectile dysfunction)	o		

Medication

	Name & Dosage	Since when & why?
Regular medication		

Infectious diseases

	When?	Notes		
Hepatitis B		o elapsed	o acute	o chronic
		treated with:		
		Vaccination?	o vaccinated	o not vaccinated
Hepatitis C		o elapsed	o acute	o chronic
		treated with:		
HIV (type 1 or type 2)		treated with:		
Syphilis		treated with:		
Chlamydia infection		treated with:		
Mumps		Testicles affected?	o Yes	o No

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Consent for the General Data Protection Regulation (GDPR)

Personal Data

FIRST AND LAST NAME, date of birth	

IMPORTANT: **Please cross out all points that you do not consent to!** This consent can be revoked anytime. The legitimacy of your data processing remains unaffected until the receipt of the revocation. Please don't forget to sign this document!

Data processing and information transmission

As part of your treatment at the Kinderwunschzentrum an der Wien your personal data will be processed and saved electronically. According to paragraph 18 of Austrian reproductive law your data has to be saved for 30 years and cannot be deleted. If you do not consent to this we cannot offer you a treatment in our institute.

During the course of your therapy, treatment-related and personal data will be sent to you.
If your personal details change we ask you to actively transmit your new data!

I am aware that the transmission of data via unencrypted email can give third parties access to this information as well as the ability to change data. I am also aware that this can lead to knowledge of my health status. I am responsible for the truthfulness of the data as well as any transmission.

I consent to the transmission of treatment-related information (e.g. referrals, prescriptions, contracts, information newsletter, etc.) by the Kinderwunschzentrum an der Wien to the following e-mail address.

E-mail address:	

I consent to the transmission of treatment-related data by post. If you do not consent all documents will be issued to you exclusively in person. Please note that this can considerably delay or complicate your treatment.

Information transmission to attending physicians

I consent to the transmission of treatment-related data (treatment progression, treatment outcome) by the Kinderwunschzentrum an der Wien to my attending physician via post or email.

Signature*

Date	Signature
	* Your signature is only valid if handwritten or digitally signed (e.g. ID Austria, A-Trust).