REPROTECH

CT 203-816-5598 • **FL** 954-570-7687 • **MN** 651-489-0827 • **NV** 775-284-2795 • **TX** 469-547-2399

SPECIAL CIRCUMSTANCES RELEASE DOCUMENTATION: EMBRYO—GESTATIONAL CARRIER

Client A Name	
Client B Name	Embryo Cryopreservation Date

American Association of Tissue Banks (AATB) Standard F2.000 Special Circumstance Release and ReproTech LLC (RTL) Policy allows for the distribution of tissue which does not meet AATB Standards in special situations by completion of this document.

Based on the information provided to RTL, we are disclosing to the Medical Provider the following potential risk to the person into whom the reproductive tissue will be implanted ("Recipient"):

__ Directed Donor is known to be reactive on tests required for donor eligibility. Results enclosed.

__ Directed Donor is determined ineligible due to FDA regulations and/or does not meet current AATB Standards. Describe:

_____

A. **Records were reviewed and this document was prepared by:**

ReproTech Responsible Staff Name	Signature	Date

B. **Medical Provider of the recipient receiving reproductive cells and/or tissues:** In this document, and attachments if necessary, RTL is notifying the medical provider of information so that you can inform your patient(s) and advise the Recipient of the potential or actual communicable disease risks, genetic conditions and/or screening information associated with the use of these samples for reproductive procedures.

By signing below, the medical provider acknowledges and agrees to the terms noted, and intentions for use of the specimens from this donor for implantation (which may include assisted reproductive technology such as insemination, IVF and/or the creation of embryos) to the recipient who is a non-sexually intimate partner to the donor based on the information provided. A summary of records will be provided with each shipment which indicates the final donor eligibility determination. The medical provider acknowledges that they: (1) have received this written statement and acknowledges the deviations from AATB Standards, RTL Policy, or authorities; (2) if operating in New York State, have reviewed the Donor Summary of Records for all gamete providers and confirmed the tissue meets the requirements of distribution for use per 10 NYCRR part 52-8.6; (3) have had ample opportunity to discuss the implications of the special circumstances with a Responsible Person at RTL and other medical authorities; (4) agree to fully explain the implication(s) to the recipient and provide them with ample opportunity to ask questions and consult with experts of their choice; and (5) will document Informed Consent from the Recipient of the potential or actual communicable disease risks, genetic conditions and/or screening information associated with the use of these samples for reproductive procedures.

The medical provider also acknowledges that this document indicates the deviation from AATB Standards and RTL policy and that their signature below will document their consent to receive reproductive cells and/or tissues from the individuals noted above.

Medical Provider Name	Signature	Date