



ADDENDUM TO OOCYTE/OVARIAN TISSUE CRYOSTORAGE AGREEMENT

(Potentially Infectious)

WHEREAS, the person named below (the "Client Depositor") has entered into an Oocyte/Ovarian Tissue Cryostorage Agreement for the cryostorage of oocytes/ovarian tissue by ReproTech Limited and WHEREAS, certain additional terms apply to the storage of specimens from potentially infectious clients WHEREFORE, the undersigned agrees that the following terms and conditions apply in addition to those set forth in Oocyte/Ovarian Tissue Cryostorage Agreement:

- 1. The storage of specimens from a potentially infectious client (client for whom testing or screening show a potential for an infectious disease) require certain additional safeguards and procedures. The undersigned understands and agrees that her specimens will be stored in a separate vapor storage tank which is designated for potentially infectious specimens only. Other specimens from clients with other potentially infectious conditions may be stored in that same tank. .
a. Specimens from Client Depositors who have tested reactive for HIV will be stored in an HIV Only storage tank
b. Specimens from Client Depositors with non-HIV potentially infectious conditions may be stored in a separate non-HIV tank and their specimens will be physically segregated by use of disease specific canisters.
2. The undersigned further understands that because of additional required precautions, storage fees and shipping fees will be higher than the fees charged to clients who do not have a potentially infectious risk. The undersigned acknowledges receipt of a fee schedule showing presently applicable fees.
3. **The undersigned understands that shipping fees must be pre-paid by the Client Depositor prior to the shipment of the tank to the clinic and that the shipping fees are non-refundable.**
4. The undersigned further understands that results of any testing for infectious diseases will be disclosed to the receiving physician/clinic and the recipient (gestational carrier or sexually intimate partner), if applicable, as part of an informed consent procedure before the specimens are used.

By: _____
Client Depositor Printed Name Client Depositor Signature Date

If the Client Depositor is a minor, a parent or guardian of the minor must sign below:

Name of Parent/Guardian, if applicable (Printed) Signature of Parent/Guardian, if applicable Date

By: _____ Date
ReproTech, Ltd. Representative
RTL Account: _____

The Cryostorage & Compliance Experts
Florida 888.953.9669 • Minnesota 888.489.8944 • Nevada 888.831.2765 • Texas 888.350.3247