

**SPECIMEN TRANSFER DATA**  
 To Be Completed by the Transferring Clinic



Transferring Clinic: \_\_\_\_\_

Patient(s) Name: \_\_\_\_\_

**PLEASE ATTACH COPIES OF PATIENT RECORDS**

**Were these specimens frozen via vitrification?  Yes  No**

**Have any gamete providers contained in this shipment tested positive for Hepatitis, HIV, Syphilis, West Nile Virus, COVID-19 or other relevant communicable disease agent/disease?**

Yes\*  No \* If yes, contact ReproTech for potentially infectious shipping arrangements.

Semen  Surgically Retrieved Sperm and/or Testicular Tissue  Donor Semen  Ovarian Tissue  Plasma  Serum

Container Type:  vials  straws  vit device: \_\_\_\_\_ (i.e. Cryotip, etc)

Labeling specific to Date

Cryopreservation Date: _____	# of vials/straws _____	_____
Cryopreservation Date: _____	# of vials/straws _____	_____
Cryopreservation Date: _____	# of vials/straws _____	_____
Cryopreservation Date: _____	# of vials/straws _____	_____
Cryopreservation Date: _____	# of vials/straws _____	_____
Cryopreservation Date: _____	# of vials/straws _____	_____

Total # of Containers (i.e. Vials\Straws\Vit Devices): \_\_\_\_\_

Total # of Canes: \_\_\_\_\_ Labeling on canes: \_\_\_\_\_

Embryos  Oocytes

Container Type:  vials  straws  vit device: \_\_\_\_\_ (i.e. Cryoloop, etc)

Labeling specific to Container

First Container:	Cryo Date: _____	# of embryos\oocytes _____	_____
Second Container:	Cryo Date: _____	# of embryos\oocytes _____	_____
Third Container:	Cryo Date: _____	# of embryos\oocytes _____	_____
Fourth Container:	Cryo Date: _____	# of embryos\oocytes _____	_____
Fifth Container:	Cryo Date: _____	# of embryos\oocytes _____	_____
Sixth Container:	Cryo Date: _____	# of embryos\oocytes _____	_____
Seventh Container:	Cryo Date: _____	# of embryos\oocytes _____	_____
Eighth Container:	Cryo Date: _____	# of embryos\oocytes _____	_____
Ninth Container:	Cryo Date: _____	# of embryos\oocytes _____	_____

Total # of Containers (i.e. Vials\Straws\Vit Devices): \_\_\_\_\_

Total # of Canes: \_\_\_\_\_ Labeling on canes: \_\_\_\_\_

Please Print: \_\_\_\_\_  
 Authorized Staff Member Name Email Phone

*The Cryostorage Experts*

Connecticut 203-816-5598 • Florida 954-570-7687 • Minnesota 651-489-0827 • Nevada 775-284-2795 • Texas 469-547-2399