

SPECIMEN TRANSFER FROM RTL & MEDICAL DATA RELEASE AUTHORIZATION (ALL TISSUES/SPECIMEN TYPES)

This section outlines all the terms and conditions for the release, transfer, and shipping of specimens from the Company to the physician/clinic.

The undersigned Client(s) request(s) the transfer of their reproductive tissue specimens from ReproTech LLC (“RTL”) to the physician/clinic (“Facility”) listed below in accordance with RTL’s current policies and procedures. It is understood that the facility acknowledges this request and will accept the transfer of the reproductive tissue specimens. Furthermore, it is recognized by the Client(s) that events beyond the control of RTL and the facility may occur during transfer and it is understood by all parties that neither the facility nor RTL are responsible for any losses in connection with or related to the shipment of the reproductive tissue specimens.

I (we) hereby authorize the transfer of my (our) reproductive tissue specimens; (1) from RTL to the facility for an anticipated Assisted Reproductive Treatment (ART) or In Vitro Fertilization (IVF) procedure, and (2) from the facility to RTL of unused specimens, if applicable. I (we) understand that RTL and the facility can neither verify nor guarantee the viability of the transferred reproductive tissue specimens being placed into storage at the facility.

I (we) agree to hold RTL harmless for any claims for damage to the reproductive tissue specimens arising from acts or omissions prior to RTL’s possession of such specimens.

I (we) agree that RTL shall not be liable for errors, including specimen labeling errors, which occur prior to RTL’s acceptance of the specimens for storage.

I (we) have read and understand the policies above and hereby authorize RTL to release my (our) reproductive tissue specimens to the facility.

I (we) authorize RTL to release to the facility medical data, including but not limited to: Personal biographical data, serology/virology testing data and specimen processing/cryopreservation data. This includes information about human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), and AIDS related complex (ARC), as defined by Department of Community Health rules (1989 Public Act 174). I (We) further understand that the failure to sign/submit this authorization or the cancellation of this authorization will not prevent me from receiving any treatment or benefits I am entitled to receive, provided this information is not required to determine if I am eligible to receive those treatments or benefits or to pay for services I receive.

Client A (Printed Name)	Client B (Printed Name)
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Type of tissue to be transferred from RTL

Mark which type(s) of reproductive tissue(s) you want to be transferred from RTL to the facility. ReproTech will ship entire inventory of tissue type unless otherwise requested in writing. If requested, please contact ReproTech directly.

<input type="checkbox"/> Embryo	<input type="checkbox"/> Donor Embryo
<input type="checkbox"/> Sperm/Semen	<input type="checkbox"/> Donor Semen
<input type="checkbox"/> Oocytes/Eggs	<input type="checkbox"/> Donor Eggs
<input type="checkbox"/> Testicular Tissue	<input type="checkbox"/> Ovarian Tissue
<input type="checkbox"/> Other _____	

Receiving clinic information

Name, address, and phone number of clinic that your reproductive tissue will be transferred to:

Clinic Name
Clinic Address
Clinic City
Clinic State
Clinic Zip
Clinic Phone

If the transfer involves donor gametes or embryos created from donor gametes, Recipient understands that RTL has recommended that the facility which originally provided the donor gametes be contacted prior to initiating a new pregnancy to obtain any updated information regarding any genetic or medical conditions which may have been reported since the purchase of the donor gametes and which may have an adverse effect on the pregnancy, Recipient and/or offspring. RTL strongly advises Client(s) to obtain private legal counsel with respect to relationship rights, obligations, and responsibilities regarding resulting offspring, as these rights may vary by state.

Person into whom the reproductive tissue will be implanted (“Recipient”) Information

I (we) declare that the reason for the specimen transfer is for short-term storage at the facility, followed by specimen use by the following Recipient:

Recipient Name
Address
City
State
Zip
Phone

Relationship of Recipient to Client(s) - Mark which option describes your relationship to the Recipient.

The Recipient is:

<input type="checkbox"/> The Client	<input type="checkbox"/> My sexually intimate partner
<input type="checkbox"/> Donation Recipient	<input type="checkbox"/> My (our) gestational carrier/surrogate

I (we) agree to notify RTL if the relationship status with the Recipient changes prior to the transfer.

In this section Client(s) will read information about Liability Protection options for Client(s) shipment, and Client(s) must choose to select or decline this protection.

For Specimens Being Transported by RTL Staff: Please Note — ReproTech automatically provides Specimen Shipping Liability Protection when transportation is provided by RTL Staff.

For Specimens Being Transported by 3rd Party: The following section is to be completed if specimens are to be shipped or in the event specimens cannot be part of a regular transfer by RTL staff.

Client(s) have several options to mitigate the risks inherent in the shipment of reproductive tissue, including the use of two shipping tanks and the purchase of optional Specimen Shipping Liability Protection. The majority of shipments are sent by United Parcel Service (UPS). I/We have reviewed the recommended Specimen Shipping Liability Protection flyer and made my/our selection below.

I. You must choose one of these two options by placing a mark in the box adjacent to your choice.

I/We understand and accept that without my/our selection of additional Specimen Shipping Liability Protection, compensation for tissue loss or tissue integrity during transfers could potentially be limited to a maximum of \$100 (UPS) and that other courier services may provide no liability compensation at all.

I/We wish to (select one of the two options below):

- Confirm** that ReproTech will insure the specimens while in transit by selecting Specimen Shipping Liability Protection at the Thirty-Five Thousand (\$35,000) Dollar level as described on the Shipping Liability Protection Flyer. (Note fees are subject to change.) I/We understand that this added liability protection is for actual procedure replacement costs up to Thirty-Five Thousand (\$35,000) Dollars and that it only covers the tissue against loss or loss of integrity due to an event that occurs during the shipment. I/We understand that payment for fees for the Specimen Shipping Liability Protection must be made in advance of the shipment for the service to be in effect.
- Decline** Specimen Shipping Liability Protection. In addition, I/We agree to hold RTL harmless for any claims for tissue loss, tissue integrity, or the viability of reproductive tissue specimens due to an event that occurs during shipment.

In this section Client(s) will read information about shipping tank options for Client(s)' shipment, and Client(s) shall choose one or two tanks for shipment. If specimens are transferred by RTL Staff (in-person delivery), only one tank will be used for shipment and Client will not be billed for second tank, even if they choose the 2 tank option.

II. You must select one of the two (2) shipping tank options by placing a mark in the box adjacent to your choice.

- 2 Tanks** I/We are requesting that our reproductive tissue specimens be divided into two shipping tanks for additional safety during shipping and understand that a shipment by way of two tanks **will incur an additional shipping fee** as per the [RTL website](#). This option is only available if the reproductive tissue specimens are cryopreserved in more than one container.
- 1 Tank** I/We have declined the use of two shipping tanks and accept the potential risk of using only one shipping tank.

If specimens were collected or created during a Zika Virus Transmission Event (cdc.gov) please notify ReproTech. Additional information may be required prior to specimen shipment.

This form must be signed by both parties (if applicable) in the presence of a Notary Public. The Notary must sign, date and stamp twice (if applicable). A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed this document and not the truthfulness, accuracy, or validity of this document.

I/we acknowledge that my/our tissue and/ or unused specimens may be returned to RTL for continued long-term storage following reproductive procedure at the direction of the Facility or the Client(s). Prior to use of the samples for ART procedures, the Facility will obtain documented informed consent from the named recipient about communicable disease risks, potential genetic conditions and/or other relevant information that results from screening.

By signing below, Clients acknowledge that they have read, understood, and agree to the terms and conditions for shipment of specimens from the Company and certify that all statements are true and accurate.

Client A	Client B
Printed Name _____	Printed Name _____
Signature _____	Signature _____
Notary Public	Notary Public
Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, _____ (Client A Printed Name) proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.	Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, _____ (Client B Printed Name) proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
State/Commonwealth: _____ County of: _____	State/Commonwealth: _____ County of: _____
Signature of Notary Public _____	Signature of Notary Public _____
Notary Seal or Stamp: _____	Notary Seal or Stamp: _____