**Embryo-
Gestational Carrier**

REPROTECH
LIMITED

SPECIAL CIRCUMSTANCE RELEASE DOCUMENTATION

(EMBRYO- GESTATIONAL CARRIER)

Client Depositor Name _____ RTL Account No _____

Co-Client Depositor Name _____ Embryo Cryopreservation Date _____

American Association of Tissue Banks (AATB) Standard F2.000 Special Circumstance Release and ReproTech Limited (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 the following potential risk to the Medical Provider:

☐ 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 s/he : (1) has received this written statement and acknowledges the deviations from AATB Standards, RTL Policy, or authorities; (2) has had ample opportunity to discuss the implications of the special circumstances with a Responsible Person at RTL and other medical authorities; (3) agrees to fully explain the implication(s) to the recipient and provide her with ample opportunity to ask questions and consult with experts of her choice; and (4) 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 his/her signature below will document his/her consent to receive reproductive cells and/or tissues from the individuals noted above.

_____	_____	_____
Medical Provider Name	Signature	Date