Semen

SPECIAL CIRCUMSTANCE RELEASE DOCUMENTATION
(SEMEN)

Client Depositor Name _____ RTL Account No._____

Recipient Name_____

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, the reproductive cells and/or tissue are intended for use by a sexually intimate partner of the recipient. We are disclosing the following potential risk to the Medical Provider:

☐ Client Depositor is known to be reactive on tests for ☐ HIV 1 Antibody ☐ HIV 2 Antibody
☐ Hepatitis C Antibody ☐ Hepatitis B surface Antigen or ☐ any other test _____

☐ Client Depositor has not been tested per AATB Standards. Testing not completed: ☐ HIV 1 Antibody ☐ HIV 2 Antibody
☐ Hepatitis C Antibody ☐ Hepatitis B surface Antigen

☐ Client Depositor has risk factor for: _____

☐ Client Depositor 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 client depositor for implantation (which may include assisted reproductive technology such as insemination, IVF and/or the creation of embryos) to the recipient who is a sexually intimate partner to the client depositor based on the information provided. A summary of testing will be provided with each shipment. 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