Client Depositor Name(s):	



Research/Continued Storage/ Therapeutic Use/Testing

SPECIMEN TRANSFER FROM RTL AND MEDICAL DATA RELEASE AUTHORIZATION

The undersigned client depositor(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 depositor(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 continued storage, research, or therapeutic use. 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).

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: ☐ Embryo ☐ Sperm ☐ Testicular Tissue ☐ Oocytes ☐ Ovarian Tissue ☐ Other: ☐ Donor Embryo ☐ Donor Semen ☐ Donor Eggs 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. Reason for the transfer from RTL Mark your reason for transferring your reproductive tissue(s) from RTL the facility: ☐ Research ☐ Continued Storage ☐ Therapeutic Use ☐ Testing Name/Address/Phone of the Receiving Facility Facility Name Address Phone: (____) ___ -_

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.

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Client Depositors 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 information (page 3) and made my/our selection on page 2.

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 three options below):

- Confirm that ReproTech will insure the specimens while in transit by selecting Specimen Shipping Liability Protection at the \$35,000 level as described on page 3; note the fees are subject to change. I/We understand that this added liability protection is for actual replacement costs up to \$35,000 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 fees for the Specimen Shipping Liability Protection must be made in advance of the shipment for the service to be in effect.
- I/We <u>decline</u> Shipping Specimen Liability Protection. 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.

II. You must select one of these two Shipping Tank options by placing a mark in the box adjacent to your choice.

- 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 per the RTL website. This option is only available if the reproductive tissue specimens are cryopreserved in more than one container.
- □ I/We have declined the use of two shipping tanks and accept the potential risk of using only one shipping tank.

III. You must select one of these two Infectious Disease Risk options by placing a mark in the box adjacent to your answer.

- I/We did not collect or create these specimens within any Zika Virus transmission event. I (we) understand that additional information about Zika can be found on the CDC website (www.cdc.gov) which includes how Zika infection may impact offspring.
- I/We acknowledge that the specimens being requested have a possible and/or known Zika Virus risk. I (we) understand that RTL will require additional informed consent from our receiving clinic before shipment.

ENSURE YOU SELECT ONE OPTION IN EACH SECTION ABOVE: SECTIONS I, II AND III. 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).

Printed Client Depositor Name:	Printed Co-Client Depositor Name:
Signature:	Signature:
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.	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.
State/Commonwealth of:County of:	State/Commonwealth of: County of:
Subscribed and sworn to (or affirmed) before me on this day of, 20 by	Subscribed and sworn to (or affirmed) before me on this day of, 20 by
Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.	Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
Signature of Notary Public	Signature of Notary Public
Notary Seal or Stamp:	Notary Seal or Stamp:
ReproTech Staff Only: Document Reviewed by:	•
ReproTech Staff Signature	Date

BL DIS 100

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Specimen Shipping Liability Protection

ReproTech LLC, the leader in long term storage of reproductive tissues, offers a specimenshipping protection program available exclusively to our clients. While every precaution and effort istaken to ensure safe and timely delivery of specimens, shipping accidents can happen.

Specimen Shipping Liability Protection provides an inexpensive solution to help minimize the financial impact of an adverse event during shipping.

Protection for:

- Compromised specimens due to damaged or destroyed shipping tanks*
- Compromised specimens due to dramatic change in temperature*
- * If protection is purchased and a claim is filed, actual policy terms and conditions will apply; protection begins once received by designated shipping carrier and ends once received at final destination.

The following affordable coverage option is available if selected at the time of Specimen Transfer Authorization:

Specimen Shipping Liability Protection will pay for out-of-pocket expenses associated with the replacement cost of lost or damaged reproductive tissue, up to a total cost not to exceed \$35,000.00. It is understood and agreed that in the event a second procedure is not possible, this protection plan would reimburse for the cost of the original procedure, up to the limit provided, and not to exceed the actual cost of the original procedure.

Total charge of \$50.00

Fees are subject to change.

ReproTech can neither verify nor guarantee the viability of the specimens being shipped.



info@reprotech.com

Florida 888-953-9669 Minnesota 888-489-8944

www.reprotech.com Nevada 888-831-2765

Texas 888-350-3247

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