



SPECIMEN TRANSFER FROM RTL AND MEDICAL DATA RELEASE AUTHORIZATION -

All Tissues/Specimen Types

Client Depositor Name(s):

The undersigned Client Depositor(s) request(s) the transfer of their reproductive tissue specimens from ReproTech Ltd. (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 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).

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 Donor Embryo
Sperm/Semen Donor Semen
Oocytes/Eggs Donor Eggs
Testicular Tissue Ovarian Tissue
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, State, 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 Depositors to obtain private legal counsel with respect to relationship rights, obligations, and responsibilities regarding resulting offspring, as these rights may vary by state.

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:
Female Recipient Name:
Address:
Phone: ()

Relationship of Female Recipient to Client Depositor(s)
Mark which option describes your relationship to the female recipient:
The female recipient is:
The female client depositor My sexually intimate partner
Donation recipient My (our) gestational carrier/surrogate
I (we) agree to notify RTL if the relationship status with the recipient changes prior to the transfer.

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

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 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.

Specimen Shipping Liability Protection Options

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

I/We understand and accept that 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 (USD) and that other courier services may provide no liability compensation at all.

Confirm that RTL 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 procedure 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.

Decline
I/We decline to purchase Specimen Shipping 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.

Shipping Tank Options

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** as per the [RTL website](#). This option is only available if the reproductive tissue specimens are cryopreserved in more than one container.

Decline
I/We have **declined** the use of two shipping tanks and accept the potential risk of using only one shipping tank.

Infectious Disease Risk

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.

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.

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

Receiving clinic: Facility staff accepts the transfer of reproductive tissue specimens to the clinic for reproductive procedure with the recipient names above. The facility staff will return to RTL, for continued long-term storage, any unused reproductive tissue specimens following reproductive procedure at the direction of the facility or the Client Depositor(s). Prior to use of the samples for ART procedures, the Facility will obtain documented informed consent from the recipient about communicable disease risks, potential genetic conditions and/or other relevant information that results from screening.

Physician/Staff Signature

Physician/Staff Printed Name

ReproTech, Ltd. Staff Signature



Specimen Shipping Liability Protection

ReproTech Limited, the leader in long term storage of reproductive tissues, offers a specimen shipping protection program available exclusively to our clients. While every precaution and effort is taken 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.



Florida 888-953-9669

Minnesota 888-489-8944

info@reprotech.com

www.reprotech.com

Nevada 888-831-2765

Texas 888-350-3247