



SPECIMEN TRANSFER TO RTL AND MEDICAL DATA RELEASE AUTHORIZATION

The undersigned client depositor(s) request(s) the transfer of his/her reproductive tissue specimens to ReproTech Ltd. (RTL) from 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 assist in 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 from the facility to RTL for continued long term storage. I (we) understand that RTL and the facility cannot verify, nor guarantee, the viability of the transferred reproductive tissue specimens being placed into long term storage at RTL. 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 the facility to release my (our) reproductive tissue specimens to the RTL. I (we) authorize the facility to release to RTL 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 to RTL for continued storage

Mark which type(s) of reproductive tissue(s) you want to be transferred to RTL for continued storage:

- Embryo Sperm Testicular Tissue Oocytes Ovarian Tissue Endometrial Tissue
- Donor Embryo Donor Semen Donor Eggs Other: _____

Client Depositor Name(s) _____

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 shipping insurance. The majority of shipments are sent by UPS. We understand that UPS provides a limit of \$100 of insurance for the contents of each shipment of human reproductive tissue. We have reviewed the optional Specimen Shipping Insurance information (page 3) and have selected to:

Insurance: Choose one of these three options by initialing next to your choice

____ \ _____ I/We understand and accept that without the purchase of additional insurance, coverage for transfers is limited to a maximum of \$100 (UPS) and that other courier services may provide no insurance coverage at all. We decline to purchase additional insurance.

____ \ _____ TIER 1: Purchase insurance at the \$15,000 level as described on page 3 at the cost of \$19.50. I/We understand that this insurance is for actual replacement costs up to \$15,000 and that it only insures the tissue against loss or loss of integrity due to an event that occurs during the shipment. I/We understand that payment for the insurance must be made in advance of the shipment for the insurance to be in effect.

____ \ _____ TIER 2: Purchase insurance at the \$25,000 level as described on page 3 and at the cost of \$32.50. I/We understand that this insurance is for actual replacement costs up to \$25,000 and that it only insures the tissue against loss or loss of integrity due to an event that occurs during the shipment. I/We understand that payment for the insurance must be made in advance of the shipment for the insurance to be in effect.

Tanks: Choose one of these two options by initialing next 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 the additional cost of providing services by the way of two shipping tanks is an additional shipping fee of \$215.00. 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.

I (we) have read and understand the policies and optional fees on page 1 and hereby authorize the cryobank listed below to release my (our) specimens to ReproTech Ltd.

Cryobank/Physician _____
Address: _____
Telephone: _____

Name: _____
(Print or Type)
Signature(s): _____
Client Depositor Co-Client Depositor, if applicable
Address: _____
Telephone: (____) _____

If the Client Depositor above is a minor, a parent or guardian of the minor must sign below:

Signature of the Parent or Guardian, if applicable

By signing below, the Witness affirms that he/she knows the client depositor(s) and parent or guardian, if applicable, and that he/she was present and witnessed the client depositors' signatures and the parent's or guardian's signature, if applicable, on this document.

Name of Witness for Client Depositor (Printed)
and Parent or Guardian, if applicable

Name of Witness for Co-Client Depositor (Printed)
and Parent or Guardian, if applicable

Signature of Witness for Client Depositor
and Parent or Guardian, if applicable

Signature of Witness for Co-Client Depositor
and Parent or Guardian, if applicable

(for clinic/cryobank use)

We the undersigned cryobank/clinic agree to release to ReproTech, Ltd the reproductive tissue and. medical data, including but not limited to: Personal biographical/medical data.

Signatures: _____
Cryobank/Physician _____
Address: _____
Telephone: _____
ReproTech, Ltd.

The Cryostorage & Compliance Experts
Florida 888.953.9669 • Minnesota 888.489.8944 • Nevada 888.831.2765 • Texas 888.350.3247



Specimen Shipping Insurance

Protecting Assets. Making a Difference.SM

IMA, a premier insurance broker in the United States, has developed a shipping insurance program exclusively available to clients of **ReproTech, Limited**, a leader in long term storage of reproductive tissues. While every precaution and effort is taken to ensure safe and timely delivery of specimens, shipping accidents can happen. **Specimen Shipping Insurance** provides an inexpensive insurance solution to help minimize the financial impact of an adverse event during shipping.

Coverage for:

- Compromised specimens due to damaged or destroyed shipping tanks
- Compromised specimens due to dramatic change in temperature

*Coverage begins once received by designated shipping carrier and ends once received at final destination.

The following coverage options are available if selected at the time of Specimen Transfer Authorization:

Tier 1:

Semen Account - Coverage will pay expenses associated with a replacement cycle or a Testicular Sperm Extraction (TESE) procedure up to a total cost not to exceed \$15,000. Charge \$19.50.

Oocyte Account - Coverage will pay expenses associated with a replacement cycle or for an IVF cycle up to a total cost not to exceed \$15,000. Charge \$19.50

Embryo account - Coverage will pay expenses associated with a replacement cycle or for an IVF cycle up to a total cost not to exceed \$15,000. Charge \$19.50.

Donor Semen Account - Coverage will pay expenses associated with a replacement cycle including replacement cost of the donor sperm up to a total actual cost not to exceed \$15,000. Charge \$19.50

Tier 2:

Embryo or Semen account - Coverage will pay for Testicular Sperm Extraction (TESE) procedure and a replacement IVF cycle up to a total cost not to exceed \$25,000. Charge \$32.50.

Donor Oocyte Account - Coverage will pay expenses associated with a replacement cycle including replacement cost of the donor eggs up to a total cost not to exceed \$25,000. Charge \$32.50

Embryo account - Coverage will pay for a replacement IVF cycle including donor egg expenses up to a total cost not to exceed \$25,000. Charge \$32.50.

*Falvey, IMA or ReproTech cannot verify, nor guarantee, the viability of the specimens being shipped



IMA identifies, manages and mitigates the most challenging risk management & insurance problems in your industry. This is accomplished by understanding your industry and ultimately making your organization a better risk while saving you premium dollars. IMA accomplishes this through:

- HCT/Ps Industry Focus & Expertise
- Exposure Evaluation & Risk Transfer Strategies
- Customized Loss Control & Claims Management Services
- Contractual Risk Transfer Analysis
- Insurance, Risk Management & Employee Benefits



IMA offers an exclusive program, HCT/Ps Risk Solutions Alliance, that provides a unique one-stop solution for your insurance and risk management needs. Tapping into these resources allows your business to not only realize savings in premium dollars but gain access to invaluable regulatory expertise and enhanced coverages custom designed for reproductive facilities.

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Dallas | Denver | Kansas City | Topeka | Wichita

CA: IMA of Colorado, Inc., dba IMA of Colorado Insurance Services Lic #0809724 | IMA of Texas, Inc., dba IMA of Texas Insurance Services Lic #0F04115 | IMA of Kansas, Inc. dba IMA of Kansas Insurance Services Lic #0028748