



Semen/
Testicular Tissue

REGISTRATION

PATIENT INFORMATION

RTL Account # _____ (assigned by RTL staff)

Name _____ Date of Birth _____ SS# _____

Address _____ Home Phone (_____) _____

Street City State Zip
Name of Partner (if applicable) _____ Partner's SSN _____

Work Phone (_____) _____ Cell Phone Number(s) _____ Email Address _____

Have you ever **tested positive** for HIV, Hepatitis B, Hepatitis C, or HTLV I & II? _____

If yes, please specify _____

What month(s) and year(s) were your specimens cryopreserved? _____

Privacy Policy: RTL requires a Personal Identification Number (PIN) for release of information about your account.

Please enter your PIN (may be Social Security Number): _____

To whom, other than yourself, may we release information about your account (Print name & relationship) _____

PERSON RESPONSIBLE FOR THIS ACCOUNT

Name _____ Relationship to patient _____ Home Phone _____

Address _____ Work Phone _____

SS# _____

PAYMENT POLICY

Please indicate the billing interval for storage fees that you elect. Unused storage fees are non-refundable. Storage and shipping fees must be prepaid.

- Quarterly 1 year 2 year 3 year

CREDIT CARD AUTHORIZATION: Your signature here authorizes ReproTech, Ltd. to charge your credit card for shipping and storage fees. Check here if you are only authorizing RTL to use your credit card for the first annual or multi-year storage period and the shipping fees. Please note that quarterly storage fees are automatically billed and are not eligible for a one-time authorization.

Signature: _____ Date _____

Account Number _____ Name on Card _____ Expiration Date _____

PHYSICIAN/CLINIC WHERE SEMEN/TESTICULAR TISSUE IS STORED

Name _____ Telephone _____ Fax _____

Address _____
Street City State Zip

PATIENT SIGNATURE BELOW IS REQUIRED

Your signature below acknowledges acceptance of our payment and privacy policies and agreement to keep ReproTech, Ltd. updated with current address and contact information.

Signature of Patient _____ Date _____

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

Signature of Parent or Guardian, if applicable: _____

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