



**REPROTECH**  
**L I M I T E D**

**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 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 • Fax 954-332-6655

Minnesota 888-489-8944 • Fax 651-489-0442

Nevada 888-831-2765 • Fax 775-284-2799



Semen

MEDICAL HISTORY

Name: \_\_\_\_\_ Account: \_\_\_\_\_

Name, Address & Phone Number of the Physician that referred you to RTL for cryobanking:  
\_\_\_\_\_

Reason for Semen Cryobanking (Please check the applicable blanks.)

- Pre-Vasectomy   
  Pre-Radiation Therapy   
  Pre-Surgery   
  Pre-Chemotherapy  
 IVF Backup   
  Fertility Treatment   
  Donation   
  Use by a friend  
 Use by a Surrogate   
  Use by a Gestational Carrier   
  Occupational Hazard

Clinical Diagnosis: \_\_\_\_\_

Treatment History: Please indicate applicable treatments or therapies and dates:

	None	Past	Future
Vasectomy			
Chemotherapy			
Radiation Therapy			
Surgery			

Fertility History:

Number of pregnancies: \_\_\_\_\_ Number of live births: \_\_\_\_\_

Comments: \_\_\_\_\_

Your signature below acknowledges that the semen specimens provided to RTL for the purpose of long term storage have been produced by and are the property of the undersigned. It is understood and agreed that future serology testing may be required for storage and/or release of these specimens.

Signature \_\_\_\_\_ 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: \_\_\_\_\_

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Semen One Tank

SPECIMEN TRANSFER TO RTL AND MEDICAL DATA RELEASE AUTHORIZATION

The undersigned client depositor requests the transfer of his semen specimens to ReproTech Ltd. (RTL) from the cryobank/physician (herein called the cryobank) listed below in accordance with RTL's current policies and procedures.

It is understood that the undersigned cryobank acknowledges this request and will assist in the transfer of the specimens. Furthermore it is recognized by the client depositor that events, beyond RTL's and the cryobank's control, may occur during transfer and it is understood by all parties that neither the cryobank nor RTL are responsible for any losses associated with the shipment of the specimens.

Upon receipt of the specimens by RTL, RTL's Semen Cryostorage Agreement is in effect as between RTL and client depositor. The client depositor releases RTL from any responsibility and liability resulting from long-term storage of the specimens cryopreserved by the cryobank. It is further understood that the client depositor(s) have declined the use of two shipping tanks and accept the potential added liability of using one shipping tanks.

To authorize the transfer of the client depositor's semen specimens from the cryobank to RTL, please provide the requested information below. Have the document witnessed and return it to RTL in advance of the transfer date.

I declare that the reason for specimen transfer is continued long-term storage at RTL.

I understand that if no test specimens of sperm are shipped with the sperm specimen(s) being placed in long term storage, RTL cannot verify, nor guarantee, the viability of the transferred sperm being placed into long term storage.

The risk of long term storage of such specimens is assumed by me.

I agree to hold RTL harmless for any damage done to specimens prior to RTL's possession of such specimens.

I also release RTL for any liability for mislabeled specimens which are transferred to RTL for long term storage.

I have read and understand the policies above and hereby authorize the cryobank to release my specimens to ReproTech Ltd.

I authorize the undersigned cryobank to release to ReproTech, Ltd. medical data, including but not limited to:

Personal biographical/medical data, Serology/virology testing data, and semen 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).

Name: \_\_\_\_\_ (Print or Type)

Signature: \_\_\_\_\_ Client Depositor

Address: \_\_\_\_\_ Street Address City State Zip Telephone

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 undersigned Witness affirms that he/she knows the client depositor and parent or guardian, if applicable, and that he/she was present and witnessed the client depositor's signature and parent's or guardian's signature, if applicable, on this document.

Name of Witness (Printed) Signature of Witness

Signatures: \_\_\_\_\_

Cryobank/Physician: \_\_\_\_\_ ReproTech, Ltd.

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Optional Insurance Coverage;

If you wish to purchase optional insurance as described on the attached flyer, please initial your choice below and RTL will add the charge for the insurance to your invoice.

Sperm Account - Tier 1 Charge \$19.50 [ ](initial here), Tier 2 Charge \$32.50 [ ](initial here)

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## SEMEN CRYOSTORAGE AGREEMENT

This AGREEMENT, Made between ReproTech, Ltd., a Minnesota corporation (the "Company"), and the person named below (the "Client Depositor").

**1. Collection and Storage:** With the assistance of the Client Depositor, and in accordance with the procedures for identification and testing established by the Company (as set forth in the Company's brochure and web site, [www.reprot.com](http://www.reprot.com)), the Company shall receive the Client Depositor's semen, which has been cryopreserved by the Client Depositor's physician/clinic (the "Clinic"), for long-term cryostorage until this Agreement is terminated pursuant to Paragraph 4. All procedures established by the Company may be modified at the sole discretion of the Company to reflect changes in industry practices, laws, or regulations..

**2. Storage Fees and Records:** The fee for each Storage Period shall be payable in advance and shall be adjusted from time to time by the Company based upon market factors. The current fees are set forth in the Company's brochure and web site, [www.reprot.com](http://www.reprot.com). A "Storage Period" begins with the month in which the Company receives specimens for storage. Unused storage fees are non-refundable. The Client Depositor shall keep the Company informed at all times, in writing, of his current address and telephone number for billing purposes and any other matter requiring notice to the Client Depositor. The Client Depositor's name and address, as well as other records relating to the subject of this Agreement, shall be kept on file at the Company.

**3. Account in Default:** If at any time the Company has not received full payment of all amounts due to the Company from the Client Depositor on or before the 60<sup>th</sup> day after the beginning of any storage Period, then the Client Depositor is in "default". In the event of default, the Company may, in its sole discretion, refer the Client Depositor's account to any attorney or collection agency for collection, and the Client Depositor agrees to pay all costs of such collection, including but not limited to any reasonable fees charged by the collection agency and reasonable attorney's fees. If the Client Depositor is in default, the Company may discard all stored specimens. The term "discard" means that the Company will thaw and destroy the specimens in a professional and ethical manner, as determined solely by the Company. Discarded specimens cannot and will not be used for reproductive purposes by or on behalf of any person or persons.

**4. Termination of Agreement:** This Agreement shall terminate and the Company's responsibilities for storage of specimens hereunder will cease:

- (1) upon the release of all specimens stored by the Company pursuant to Conditions of Release; or
- (2) upon the disposition of all specimens stored by the Company pursuant to a default under Paragraph 3; or
- (3) upon the notarized execution of Company's separate termination agreement by the Client Depositor or his Surviving Spouse; or
- (4) upon receipt of a certified copy of the death certificate, if the Client Depositor dies without leaving a Surviving Spouse.

**5. Responsibilities and Liabilities of the Company:** The Client Depositor acknowledges that he has been fully advised concerning the state of the art of cryopreservation of specimens of semen. The Client Depositor acknowledges that he understands that the viability of the semen and the results from subsequent insemination depend almost in their entirety upon the Client Depositor and the recipient. Accordingly, the Client Depositor understands and agrees that the Company's responsibilities shall be limited hereunder solely to the adequate cryostorage of said semen consistent with the state of the art at the date of entering into this Agreement. The Client Depositor agrees to hold the Company harmless for any damage sustained while the semen specimens are not in the possession and control of the Company. In any event, the total liability of the Company for failure to meet any of its responsibilities to the Client Depositor shall not exceed the amount of storage and/or shipping fees theretofore paid by the Client Depositor. The parties agree that any claims relating to or arising out of this Agreement will be brought in the state courts of Minnesota. In the event the Company terminates the operation of its storage facility, it may, 30 days after written notice to the Client Depositor at his last known address, assign and transfer its obligations hereunder and the semen held on behalf of the Client Depositor to a similar storage facility.

**6. Additional Terms:** The Client Depositor promises and agrees to indemnify and save harmless the Company from any loss and/or expenses incurred in connection with the defense or payment of any claim by any other party relating to the subject of this Agreement. The Agreement shall be binding upon the Client Depositor and his assigns, heirs, executors, and administrators.

### 7. CONDITIONS OF RELEASE OF SEMEN SPECIMENS FROM STORAGE DURING LIFETIME OF CLIENT DEPOSITOR

Release of semen may occur during the lifetime of the Client Depositor, only upon the occurrence of the following conditions;

- i. only to a licensed physician, and
- ii. only for use by the Client Depositor's spouse or sexually intimate partner ("Recipient"),
- iii. upon the express notarized authorization of the Client Depositor, and
- iv. upon the authorization of the Recipient's clinic, and
- v. upon the completion of serology/virology tests required by the Company.

