Fertility Center of California
A Reproductive Tissue CryoBank

Agreement to Transfer Reproductive Materials To FCC

This AGREEMENT, made between Fertility Center of California, Inc (FCC) and the person named below (the Client) requests the transfer of reproductive materials to FCC from the cryobank/physician (herein called the cryobank) listed below in accordance with FFC's current policies and procedures.

TYPE OF TISSUE TO BE STORED

☐ embryo(s) # _____	☐ sperm # _____
☐ egg(s) # _____	☐ ovarian tissue # _____
☐ testicular tissue # _____	☐ other _____ # _____

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 that events, beyond FCC and the cryobank's control, may occur during transfer and it is understood by all parties that neither the cryobank or FCC are responsible for any losses associated with the shipment of the specimens.

To authorize the transfer of the client reproductive materials from the cryobank to FCC, please provide the requested information below. Have the document witnessed and return it to FCC in advance of the transfer date.

- I declare that the reason for reproductive material transfer is continued long-term storage at FCC.
- FCC cannot verify, nor guarantee, the viability of the transferred tissues into long term storage.
- The risk of long term storage of such specimens is assumed by me.
- I agree to hold FCC harmless for any damage done to specimens prior to FCC possession of such specimens.
- I also release FCC for any liability for mislabeled specimens which are transferred to FCC for long term storage.
- I have read and understand the policies above and hereby authorize the cryobank to release my specimens to FCC
- I authorize the undersigned cryobank to release to FCC medical data, including but not limited to:
    - personal biographical/medical data, serology/virology testing data, reproductive material processing data. This includes information about testing for human immunodeficiency virus-HIV, acquired immunodeficiency syndrome-AIDS, AIDS related complex-ARC and other communicable diseases as defined by the Department of Community Health rules (1989 Public Act 174).

WHEREAS the patient has fully been advised and understands that there are certain inherent risks in the process of shipping and handling of the specimens during shipment, including but not limited to loss during shipment, and liquid nitrogen tank failure, that may render the specimens useless. The patient is will and assumes all of the risks; and;

WHEREAS, the patient fully understands and accepts the FCC, its laboratory directors and laboratory personnel do not assume responsibility or liability for the transportation, condition or survival of the frozen specimens. Client Initials_____

WHEREAS, the patient fully understands, accepts and recognizes that the value of all reproductive tissues to be stored under the care of FCC regardless of their condition, shall be assigned the maximum value of ten thousand dollars ($ 10,000.00) regardless of the number(s) of reproductive tissues stored by one individual or family in any settlement regardless of the action of resolution (such as small claims court, binding arbitration, county or state court, etc.). Patients who seek more insurance coverage are strongly encouraged to obtain quotes and contracts for such insurance with Brown and Brown or other insurance carriers of their choice.

Client Initials _____

Name: _____ print or type date:___/___/___

Signature: _____ (client)

Shipping From Information:

☐ I will be bring the specimen to FCC myself. It will be accepted ONLY with the appropriate documentation. I will be taking all responsibility related to this directive. _____ patients initials.

or

☐ I want my reproductive tissues transferred from: _____ patients initials.

Lab Name: _____

Physician: _____

Address of Physician/Lab: _____

City: _____ State: ____ Zip:_____

Phone (____) ____-_____

7/19/2019