



Agreement to Transfer Reproductive Materials To FFC

This AGREEMENT, made between Family Fertility Cryobank, Inc (FFC) and the person named below (the Client) requests the transfer of reproductive materials to FFC 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 _____

Agreement to Transfer Reproductive Tissues to FFC

This AGREEMENT, made between the Family Fertility Cryobank (FFC) and the person named below (the Client) requests the transfer of reproductive tissues to FFC from the Cryobank/physician (herein called the Cryobank) listed below in accordance with FFC's current policies and procedures.

For Eggs

The total number of vials to be transferred are: _____ Client Initials _____
The total number of eggs to be transferred are: _____ Client Initials _____
The owner(s) of the reproductive tissues are: _____ Client Initials _____

For Embryo's

The total number of vials to be transferred are: _____ Client Initials _____
The total number of embryos to be transferred are: _____ Client Initials _____
The owner(s) of the reproductive tissues are: _____ Client Initials _____

For Sperm

The total number of vials to be transferred are: _____ Client Initials _____
The owner(s) of the reproductive tissues are: _____ Client Initials _____

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

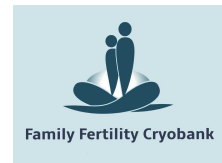
To authorize the transfer of the client reproductive materials from the Cryobank to FFC, please provide the requested information below. Have the document witnessed and return it to FFC in advance of the transfer date.

- I declare that the reason for reproductive material transfer is continued long-term storage at FFC.
- FFC 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.

Your Choice for Life™

Family Fertility CryoBank

A Reproductive Tissue CryoBank



- I agree to hold FFC harmless for any damage done to specimens prior to FFC possession of such specimens.
- I also release FFC for any liability for mislabeled specimens which are transferred to FFC for long term storage.
- I have read and understand the policies above and hereby authorize the Cryobank to release my specimens to FFC
- I authorize the undersigned Cryobank to release to FFC 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 FFC, 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 FFC 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 Lloyds of London or other insurance carriers of their choice. Client Initials _____

The following shall be signed in front of an FFC representative with governmental proof of identification (passport, driver's license, military ID) or it must be notarized.

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

Signature: _____ (client)

Address: _____

Witness by FFC _____ ___/___/___

Print FFC Witness _____

Your Choice for Life™

6699 Alvarado Road, Suite 2208
San Diego, CA 92120
(619) 265-0102

www.familyfertilitycryobank.com

12791 Newport Avenue, Suite 206
Tustin, CA 92780
(714) 730-3060

1-888-951-CRYO (2796)