

INTERNATIONAL CRYOGENICS INCORPORATED

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TDI PHYSICIAN PURCHASE AGREEMENT

International Cryogenics, Inc. (ICI) provides donor semen specimens to physicians for assisted reproductive procedures. ICI tests and screens its donors in compliance with FDA, CLIA and AATB regulations and guidelines.

The genetic testing and family medical histories that are completed on all of our donors reduce the risk of producing a child with a birth defect or inherited genetic disorder, but do not eliminate the possibility. There are thousands of inherited genetic disorders many of which are extremely rare. It would not be possible to test donors for all of them. ICI tests our donors for the most common genetic disorders i.e. Cystic Fibrosis, Sickle Cell, Tay Sachs, Thalasiaemia, Karyotyping for chromosome abnormalities, etc. The physician agrees to counsel his or her patients regarding the risk of producing a child with a birth defect or genetic disorder. It is also imperative that the physician informs their patients regarding the importance of reporting all birth defects or genetic disorders that may occur in the offspring to ICI as soon as possible after it is discovered.

The physician agrees to evaluate the health of the patient and oversee how the semen specimens are utilized once they arrive at his or her office/lab. International Cryogenics only ships specimens directly to the physician's office or lab and will not be responsible for any complication or occurrence that should arise from patients that are allowed to take the specimens and/or the liquid nitrogen shipping canister home or to another location for any purpose.

International Cryogenics, Inc. (ICI) carefully tracks the number of pregnancies that occur with each of our donors. It is very important that we are informed if a patient conceives a pregnancy. The physician agrees to report all known pregnancies to ICI that result from the use of the donor specimens.

Orders will be placed by the patient and shipped to the physician's office or lab. All payment for donor specimens will be the patient's responsibility.

The physician agrees to be responsible for the liquid nitrogen-shipping canister that will be used to ship all frozen specimens. This includes any loss or damage to the canister while at your facility. The physician agrees to return the shipping canister in a timely manner, not keeping it longer than 10 days.

The physician signing below has read and agrees to the conditions above. This form only needs to be signed once and covers all patients that wish to have donor specimens shipped to your facility.

Physician Signature _____ **Date** _____

Print Name _____

License #/State issued: _____

Medical Group Name: _____