

INTERNATIONAL CRYOGENICS INCORPORATED

32121Woodward Ave Ste 205 Royal Oak,Michigan 48073
Phone (248)397-8449 fax (248)397-8392 web:www.internationalcryo.com

TDI CLIENT PURCHASE AGREEMENT

International Cryogenics, Inc. (ICI) provides frozen donor semen specimens also known as Therapeutic Donor Insemination (TDI) 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 e.g. Cystic Fibrosis, Sickle Cell, Tay Sachs, Thalasemia or Karyotyping for chromosome abnormalities. It is imperative that the client informs ICI of any birth defects or genetic disorders that may occur in the offspring as soon as it is discovered.

The client agrees that ICI does not warrant or guarantee the qualifications of any donor. In determining qualifications, medical history and/or characteristics, ICI shall be required to make only such investigations as it deems reasonably necessary.

ICI carefully tracks the number of pregnancies that occur with each of our donors. It is very important that ICI is informed if a pregnancy occurs. The client agrees to inform their physician or ICI directly if a pregnancy results from the use of an ICI donor specimen. A donor pregnancy tracking form is available on the ICI website for this purpose.

ICI only ships specimens directly to a 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 any other location for any purpose.

Orders should be placed a minimum of three (3) business days in advance of when specimens are to arrive at the physician's office. Orders placed with less than three (3) business day's notice may incur additional fees due to upgrading the shipping service and expediting the order at our facility. Cancellation of orders on the date of shipping may incur a cancellation fee. Please cancel orders 24 hours in advance of the shipping date to avoid cancellation fees. All fees must be paid in advance of the shipment leaving our facility.

Specimens cannot be returned for a refund. Once a specimen leaves our facility it belongs to the client. We will take specimens that are returned and store them for clients to use at a future date for a fee. It is important that ICI be notified prior to the return of specimens for storage. Please note that when specimens are re-ordered the client must inform ICI that they are re-ordering returned specimens so that new specimens are not sent and charged to the client's account. ICI will not be responsible for the quality of returned specimens, as we have no control over how the specimens were stored or handled after they left our facility.

ICI has a strictly anonymous donor program. The client agrees not to require nor expect ICI to divulge the name of any donor, nor any identifying information contained in the donor's file. The client also agrees not to seek the donor's identity from any other source.

ICI agrees not to release the client's identity or identifying information to the donor. We will also not discuss or release the client's information to any other interested party without the client's written consent. The client's signature below indicates acceptance of the terms of this agreement and shall be binding to the client's family members, personal representatives, estate, heirs, and any other successor of interest.

Client's Signature _____ **Date:** _____

Print Name _____ **Date of Birth:** _____

Client Phone# _____ **Client Email Address** _____

Client Address _____ **City** _____ **St** _____ **Zip** _____

Spouse Signature (if applicable) _____ **Date:** _____

Print Name _____

Name of Physician and/or Lab _____