Manual of Operations

This document is the Manual of Operations for the University Of Pittsburgh Coordinating Center (CC) IRB protocol entitled:

Testicular Tissue Cryopreservation

In addition to this Manual of Operations, the Pittsburgh Coordinating Center will:

- Provide sample templates for the approved IRB protocol and informed consent forms
- Review and approve all IRB and consent forms for each individual recruitment site prior to submission
- Maintain records of IRB approval letters and current approved IRB protocols and consent forms for each individual recruitment site
- Review data safety monitoring minutes for each individual recruitment site and provide an annual summary of all data safety monitoring reports to the University of Pittsburgh IRB and all sites
- Provide annual reports of subject enrollment to all recruitment sites
- Communicate protocol changes to all recruitment sites
PROTOCOL SUMMARY

The “Testicular Tissue Cryopreservation” study is open to a subset of patients facing potentially fertility-threatening treatment regimens.

This study will harvest testicular tissues from eligible patients who are at risk of infertility and do not have standard of care options to preserve their future fertility. Separate portions of the harvested tissue and/or derivative cells will be 1) designated for research and 2) cryopreserved and maintained for participating patients as a resource for future elective procedures to achieve fertility. Research tissue will be de-identified and made available for research through the Coordinating Center at Magee-Womens Research Institute.

Research on testicular tissue will:

1. Optimize techniques for cryopreservation of testicular cells, including spermatogonial stem cells, from patients at high risk for infertility due to disease or prior to the initiation of therapy. Efficacy of cryopreservation techniques will be determined.

2. Assess malignant cell contamination in harvested patient testicular tissues and cells.

3. Develop strategies to isolate/enrich spermatogonial stem cells and/or eliminate malignant contamination in patient testicular cells.
SIGNATURE PAGE

The signature below constitutes the approval of this protocol and the attachments, and provides the necessary assurances that this study will be conducted according to all stipulations of the protocol, including all statements regarding confidentiality, and according to local legal and regulatory requirements and applicable US federal regulations.

By this signature, the recruitment site agrees to comply with the following:

- Provide copies of IRB and consent forms to the CC prior to submission.
- Inform the CC about all modification to the IRB and consent forms in a timely manner and submit up-to-date forms annually.
- Adhere to the approved data safety monitoring procedures and provide meeting minutes and data safety reports to the CC.
- Assure to provide testicular tissue for processing, storage, and research to the CC.
- Immediately report adverse events and unanticipated problems to the local IRB and the CC.

Site Investigator:

Signed: ___________________________ Date: ______________

Name
Title

(For CC use only)

Received and reviewed:  Received and reviewed:

Date and Initial CC Official  Date and Initial CC IRB
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Study Design

**Recruitment Site**
- Obtain IRB approval
- Determine participant eligibility
- Obtain informed consent from families
- Perform testicular biopsy and intra op pathology
- Complete FDA donor screen module: Bloodwork, Questionnaire, Screening Exam
- Send registration, FDA screen and infectious disease lab results to Reprotech
- Send de-identified testicular tissue and plasma to CC

**Coordinating Center**
- Provide Tissue Collection Kit
- Dispatch Courier for Tissue Transport
- Allocate tissue for research (25%) and patient (75%) use
- Process and freeze tissue
- Send patient tissue and 1 tube of plasma to Reprotech
- Store research tissue at CC
- Data Safety Monitoring

**FDA approved Donor Testing Lab**
- E.g. Memorial Blood Centers
- Blood and FDA specimen testing

**Reprotech Ltd.**
- Long term storage site of patient tissue

Lab work (1 serum, 2 plasma, urethral swab or urine) → Lab results → Testicular tissue, 1 plasma → Reprotech Agreement, Infectious Disease lab results → Patient tissue, 1 plasma
1    Key Roles

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2 Background Information and Scientific Rationale

2.1 Background Information

The cure rate of cancer in children, adolescents and young adults continues to increase with advances in chemotherapy and/or radiation protocols. As more oncology patients become long-term survivors, the consequences of their treatment on their quality of life have become an important focus of research in clinical oncology and reproductive medicine. One of the most common and most devastating side effects of cancer treatment is infertility. Many chemotherapy and radiation-containing regimens for cancer or prior to bone marrow transplantation can cause sterility in children and young adults. In addition, some human disease conditions (e.g., Klinefelter's) are associated with infertility. Semen cryopreservation is available as a fertility-preserving option for post pubertal boys and adult men, but many do not take advantage of this option due in part to lack of information, illness, and/or time constraints relative to their treatment plan. Currently, no fertility-preserving options are available for prepubescent boys who are not yet producing sperm. However, experimental techniques are currently being developed to provide future alternatives for patients that preserve their testicular tissue/cells. In order to take advantage of these and future technologies, patients must harvest and preserve their testicular tissue prior to disease or treatment associated fertility decline. This study will be available to males of all ages who have a disease or will undergo a treatment that can cause infertility

2.2 Scientific Rationale

Over the last 30 years, advances in the survival of oncology patients have been made through the work of cooperative protocol-driven clinical research, particularly in young patient categories. Now that the overall event-free survival rate for child, adolescent and young adult cancer patients surpasses 75%, attention is focused on quality of life and long-term consequences of therapy. In particular, patients receiving chemotherapy and radiotherapy for cancer or other conditions are often at risk for infertility, placing fertility preservation at the forefront of these concerns. Progress to minimize the unwanted side effects of current treatment regimens without decreasing their effectiveness has allowed many cancer survivors to have children following spontaneous recovery of fertility (van den Berg et al., 2004). However, some oncological diseases require rigorous treatment regimens which will almost always lead to permanent infertility of the patient.

The primary causal factor for the risk of infertility in males is considered the treatment modality (i.e. the specific chemotherapy or radiotherapy regimen). Most of the available outcome data relating to fertility sequelae are from studies that examined the effects of single treatment agents.

In men, treatment with some chemotherapeutic agents and regimens induced prolonged azoospermia (complete absence of sperm in the ejaculate). The effects are likely the result of cytotoxicity to the spermatogonial stem cells that are responsible for maintaining spermatogenesis, possibly resulting in permanent infertility (Meistrich et al., 2005). In particular, alkylating chemotherapeutic agents such as procarbazine, busulfan, cyclophosphamide, chlorambucil, and melphalan, along with cisplatin are the most likely to produce prolonged infertility (Meistrich et al., 2005). Radiation fields that include the testes also produce prolonged and often permanent damage to spermatogenesis (Dubey et al., 2000; Meistrich and van Beek, 1990; Sandeman, 1966; Speiser et al., 1973). Other agents, particularly topoisomerase
inhibitors (e.g., amsacrine), antimetabolites (e.g., methotrexate), and microtubule inhibitors can have additive effects on infertility risk when given with the highly gonadotoxic agents listed above (Meistrich et al., 1989). Combinatorial therapies, such as the busulfan-cyclophosphamide (BuCy) conditioning for bone marrow transplant, often result in permanent infertility (Socie et al., 2003). Furthermore, some agents that are administered in repetitive “fraction” treatments are more toxic in sum than single larger doses, and thus, for these agents a lower cumulative dose can lead to permanent infertility (Pont and Albrecht, 1997).

There is a paucity of data about the risk of infertility in prepubertal male patients. Anti-mitotic therapies (i.e. chemotherapy, radiation) cause infertility by targeting proliferating germ cells (e.g. spermatogonia, spermatocytes), the same mechanism by which they target neoplastic cells. In the prepubertal testis, these agents affect proliferating undifferentiated spermatogonia that are proliferating, but not yet producing complete spermatogenesis and sperm (Simorangkir et al., 2005). Rodent studies concur with this scenario and indicate that germ cells in the fetal, neonatal, prepubertal and adult testis are sensitive to chemotherapy (Brinster et al., 2003). While quantitative clinical data demonstrating the relative risk of male infertility between adults and children are not available, it is our best estimate that prepubertal patients exhibit similar sensitivities to potentially gonadotoxic agents as adults.

The main purpose of the proposed study is to develop techniques for long-term preservation of fertility through cryopreservation (freezing) of testicular tissue and/or cells for patients with diseases (e.g., Klinefelter’s Syndrome) or treatments (e.g., chemotherapy, radiation) that are likely to cause infertility. This study will store frozen testicular tissue and/or cells for male patients as a potential resource to restore their fertility in the future using experimental techniques currently under development. The study will also provide a portion of the patient’s tissue for research to advance our understanding of:

1. The best techniques for freezing testicular tissue/cells.
2. Methods of identifying and removing contaminating cancer cells in testicular tissue.
2.3 Potential Risks and Benefits

2.3.1 Potential risks

Blood Draw
Common Risks: pain can occur

Infrequent Risks: bleeding can occur

Confidentiality
Common Risks: none

Infrequent Risks: Breach of confidentiality. Participation in this research is confidential and to minimize the risk of breach of confidentiality, all paper and electronic research records that contain identifiable information will be securely stored at the individual sites of recruitment. Access to identifiable information will be limited to the PI, co-investigators, study coordinator and research staff at the individual site. Personnel involved in this study are expected to protect the security and confidentiality of identifiable information. Tissue and blood samples will be de-identified by the individual sites, but in such a way that the Pittsburgh coordinating center will know which site sent the tissue (e.g., CHOC-001 from Children's Hospital of Orange County). Only the individual site PI, co-investigators and research staff will have access to their own files and these will not be available to Pittsburgh or other individual sites.

Authorized representatives of the USDA and the office for human research protections (OHRP) may review and/or obtain identifiable health information for the purpose of monitoring the accuracy of research data and to ensure that the research is being conducted according to FDA regulations. Authorized representatives of a FDA approved Donor testing lab (i.e. Memorial Blood Centers) will have access to data, documents and blood samples in association with the FDA-mandated infectious disease screening. Testicular tissue/cells designated for patient use will be stored at Reprotech, LTD, a third party tissue bank. Authorized representatives from Reprotech will have access to data, documents, blood plasma and tissue/cells generated by the study. Patients will sign a separate agreement with Reprotech.

Testicular Tissue Harvesting
Common Risks: none

Infrequent Risks:

- General anesthesia: the patient’s risk of death from anesthesia is less than 1 in 100,000 in children older than 3 years and less than 1 in 10,000 in children less than 3 years (Arbous et al., 2001; Gibbs and Borton, 2006; Kawashima et al., 2003).

- Simple Orchiectomy: Risks of simple orchiectomy are the same as other surgical procedures, including infection and bleeding as a result of surgical incision. The chance of the patient requiring hospitalization for complication(s) is less than 1%. The patient’s chance of dying as a result of such complication(s) is less than 1 in 10,000.
Testicular Wedge Resection: Risks of testicular wedge resection are also the same as other surgical procedures, including infection and bleeding as a result of surgical incision. It is possible that the surgery itself could cause scar tissue or damage to the remaining testicular tissue, so that chances for producing sperm from that testicle could be reduced. Surgery in the pelvic region or on the testicles can damage the nerves that cause ejaculation. There is also a risk of bleeding within the resected testicle resulting from the surgical removal of tissue. The chance of the patient requiring hospitalization for complication(s) is less than 1%. The patient's chance of dying as a result of such complication(s) is less than 1 in 10,000.

Removal of a Testicle: There is a theoretical risk that the patient may experience a reduction in fertility due to the removal of a testicle, although the remaining testicle typically compensates for loss of one gonad. In that case, the surgery to remove testicular tissue would then have been unnecessary. Surgery in the pelvic region or on the testicles can damage the nerves that cause ejaculation. Removal of one testicle can lead to temporary reduction in production of testosterone, 90-95% of which is produced by the testicles (the balance is produced by the adrenal glands). The most common side-effects of reduced testosterone levels in adult men include lost or reduced sexual desire, impotence, hot flashes similar to those in menopausal women, mood swings or depression, enlargement and tenderness in the breasts, weight gain, osteoporosis, and fatigue. To address the potential psychological consequences of removing a testicle, some men opt to have a testicular prosthesis, or artificial testicles, placed inside the scrotum to replace the testicles removed during surgery. The prosthesis makes the scrotum look much as it did before surgery.

Beginning therapy 2-3 days after surgery: Patients will begin their treatments on a time-frame dictated by clinical management of their primary disease or condition, typically within one week after surgery. For patients who will receive chemotherapy or radiation for treatment of their primary disease, the patients' surgeon(s) will determine hemostasis and provide clearance indicating lack of complications prior to initiating therapy. It has been reported in some cases that chemotherapy or radiation treatments can begin as early as one day following testicular biopsy surgery (Bahadur et al., 2000).

Delaying a patient's primary therapy: In nearly all cases, there is no indication that there is an increased risk of delaying a patient's primary therapy for a window of time to permit surgical removal of testicular tissue and recovery (e.g., one day to one week).

Testicular Tissue/Cell Cryopreservation:

Common Risks: none
Infrequent Risks: Testicular tissue/cells will be cryopreserved following removal from subjects and, following an extended period of cryogenic storage, may be used for future procedures to attempt restoration of fertility. Although care will be taken, damage to the removed testicular tissue may occur during any part of the cryopreservation (freezing) or storage process. The exact method that might be used by the patient to achieve fertility in the future is unknown and is outside the scope of this protocol. The risk of birth defect(s) and/or genetic damage to any child who may be born following cryopreservation and long term storage of human testicular tissues is unknown. However, thousands of children have been born worldwide from frozen embryos and
there only isolated reports of minor increased risk of some specific birth defects in these children (e.g., Angelman syndrome, Prader-Willi syndrome, Beckwith-Wiedeman syndrome). However, the potential risk of genetic mutations that could contribute to birth defects can only occur if subject tissues are used for experimental procedures to restore fertility, which is outside the scope of this protocol. Subjects will not be at direct risk during participation in this study.

The testicular tissue removed may not yield usable germ cells (i.e., functional spermatogonial stem cell or sperm from the testes), or pregnancy may not result when the spermatogonial stem cells or sperm are ultimately used. Some patients may have particular risks associated with their underlying disease. If a cancer or other disease already affects the testicles, it may reduce the options for using the tissue in the future. This may not be known until the patient wishes to use their tissue. Tissue could be lost or made unusable due to equipment failure, or unforeseeable natural disasters beyond the control of this program.

**Steps to Prevent or to Minimize the Severity of Potential Risks:**

All blood draws, surgical procedures, bone marrow aspirations, and tumor biopsies will be performed by skilled, experienced technicians/surgeons in a controlled environment.

Testicular tissue processing and cryopreservation will be performed in the Fertility Preservation laboratories in the Center for Fertility and Reproductive Endocrinology (CFRE) at Magee-Womens Hospital by certified technicians with experience processing testicular tissue. CFRE is an FDA-compliant and American Association of Tissue Banks-accredited long term storage facility for reproductive tissues and is FDA-registered as a HCT/P manufacturer, and thus, is an appropriate facility in which to process testicular tissue for potential future use by subjects. All tissue processing will be performed in accordance with good clinical practices, good laboratory practices (GLPs) and current good tissue practices (CGTPs) to minimize the risks for testicular tissue processing and cryopreservation. We have communicated our testicular tissue processing protocol to the Office of Cellular, Tissue and Gene Therapy at the FDA’s Center for Biologics Evaluation and Research, which indicated that our protocol would be appropriate for the described homologous reproductive purpose under 21 CFR 1271 regulations. In all cases, suitable reagents and disposables will be employed for tissue processing in accordance with FDA recommendations.

Individual sites may choose to perform testicular tissue cryopreservation at their own facilities. This might be beneficial when only limited or prolonged air travel between a recruitment site and the coordinating center is available. Further, some sites may already be enrolled in the ovarian tissue cryopreservation study coordinated by the National Physicians Cooperative. These sites will have the infrastructure and personnel available to perform testicular tissue cryopreservation on site. The coordinating center will provide protocols and training of local staff to ensure that tissue processing is done according to the protocol that was submitted to the FDA Center for Biologics Evaluation and Research, in order for all samples to be appropriately processed for the described homologous reproductive purpose under 21 CFR 1271 regulations. The coordinating center will ensure that all tissue processing will be performed in accordance with good clinical practices, good laboratory practices (GLPs) and current good tissue practices (CGTPs) to minimize the risks for testicular tissue processing and cryopreservation. The coordinating center will provide guidance to ensure that suitable reagents and disposables will be employed for tissue processing in accordance with FDA recommendations.
Participation in this research is confidential. All research tissues will be de-identified by the individual centers; participants will be identified by number, not name. The Pittsburgh coordinating center will receive de-identified enrollment information, tissue and blood that is identified with a site-specific identification number. No information by which the patient can be identified will be published in connection with this study. Only the individual recruitment site PI and co-investigators will have access to files matching the patient information with tissue specimen numbers. Tissue and blood samples will be de-identified by the individual sites, but in such a way that the Pittsburgh coordinating center will know which site sent the tissue (e.g., CHOC-001 from Children's Hospital of Orange County or LCH-001 from Lurie Children’s Hospital). Only the individual site PI, co-investigators and research staff will have access to their own files and these will not be available to Pittsburgh or other individual sites. Authorized representatives of the USDA and the office for human research protections (OHRP) may review and/or obtain identifiable health information for the purpose of monitoring the accuracy of research data and to ensure that the research is being conducted according to FDA regulations. Authorized representatives of a FDA approved Donor testing lab (i.e. Memorial Blood Centers) will have access to data, documents and blood samples in association with the FDA-mandated infectious disease screening. Testicular tissue/cells designated for patient use will be stored at Reprotech, LTD, a third party tissue bank. Authorized representatives from Reprotech will have access to data, documents, blood plasma and tissue/cells generated by the study. Patients will sign a separate agreement with Reprotech.

Steps Taken in the Event that a Clinically Significant, Unexpected Disease or Condition is identified during the Conduct of the Study:
If a subject is found to have a positive screen for an infectious disease (e.g., HIV), he will be informed and referred to the appropriate specialist. Infectious disease status will not be determined until after study enrollment. The storage of specimens designated for patient use from potentially infectious subjects (subjects for whom testing show a potential for an infectious disease) require certain additional safeguards for potentially infectious specimens only.

Endpoints:
Since this is an observational study, there are no experimental endpoints that impact continued study participation. Continued storage of testicular tissue/cells designated for patient use is governed by the Reprotech agreement and is not dependent upon continued study participation. Disposition of tissue/cells designated for patient use at their death is also determined by the Reprotech agreement.

2.3.2 Potential for Direct Benefit:
Established fertility preserving therapies are available for males that have undergone puberty, but these therapies are not accessible or appropriate for all adolescent or adult patients. Currently there are no therapies to preserve the future fertility of preadolescent boys. However, new reproductive therapies are under development and may one day offer "fertile hope" to those survivors that do not currently have access to fertility preserving therapies. When no established fertility sparing or preserving options are available, it is reasonable to offer harvesting and cryopreservation of testicular tissue as a possible means of fertility preservation. In this case, the potential direct benefits to the subject are two-fold, regardless of diagnosis or age. First, each subject will have tissue cryopreserved and dedicated for their own future use, a scenario that offers hope for patients that currently have limited prospects for future fertility. Retrospective studies indicate that most parents are interested in preserving fertility on behalf of their children with cancer (Ginsberg, 2011; van den Berg et al., 2007; Wyns et al., 2011). Thus,
there is perceived acceptability and desire to undergo experimental therapy to preserve fertility, as long as treatment for the primary disease is not compromised (Oosterhuis et al., 2008). There is also likely a psychological benefit to the patient in terms of raising issues relating to their life after cure from their primary disease (e.g., cancer). Second, the subject may have the opportunity to utilize their stored testicular tissue or cells for fertility restoration procedures in the future.
3 Objectives

The primary objective of the proposed study is to

1) Optimize techniques for processing and cryopreserving testicular tissue,

2) Assess malignant contamination in testicular tissues and

3) Develop methods to enrich spermatogonial stem cells and remove malignant contamination from testicular tissue.

In addition, this study will process and cryopreserve tissue and/or cells for participating patients as a resource for future elective procedures to attempt fertility restoration.
4 Study Population

4.1 Patients in three categories will participate in this study:

4.1.1 Category 1: Patients who are having all or part of one or both testicles removed for the treatment of a disease.
   a. Clinical indications for removal of all or part of one or both testicles include (but are not limited to) the following: Advanced stage/grade testicular cancers; testicular metastases; Treatment of hormonally sensitive cancers (i.e., prostate) that necessitate bilateral orchiectomy
   b. Note: removal of both testicles will limit options for fertility preservation.

4.1.2 Category 2: Patients who are having all or part of one or both testicles removed for the prevention of a disease.
   a. Clinical scenarios for prophylactic bilateral orchiectomy include (but are not limited to) the following: Carriers of genes that predispose to hereditary cancers of the testicles or prostate; Patients with increased risk or personal history of hormonally sensitive cancers.
   b. Note: removal of both testicles will limit options for fertility preservation.

4.1.3 Category 3: Patients having all or part of one testicle removed solely for the purpose of fertility preservation in the setting of a medical or surgical condition where the clinically indicated treatment is likely to cause infertility.
   a. Clinical scenarios include (but are not limited to) the following: high- and intermediate-risk chemotherapy or radiation treatments for a variety of neoplastic and malignant disorders; conditioning for bone marrow transplantation for malignant diseases and non-malignant disorders.

Patients in Categories 1 and 2 will have testicular tissue removed for a clinically-indicated purpose. Only patients in Categories 1 and 2 may have both testes removed, which will only occur in clinically-indicated scenarios. Bilateral orchiectomy will not be performed for patients in Category 3 who are having testicular tissue removed solely for fertility preservation. The amount of tissue removed for clinical purposes will depend on the diagnosis and can include all or some of one or both testes. If there is no clinical indication for a unilateral orchiectomy a wedge resection will be performed. Each subject’s surgeon will decide on a case-by-case basis if additional testicular tissue should be excised for the research purposes outlined in this protocol. Presence and extent testicular pathology in the clinically indicated portion of the gonad removed will help to determine whether additional tissue can or should be removed for the purposes of the research proposed in this protocol.
4.2 Inclusion/Exclusion Criteria

4.2.1 Inclusion Criteria

1. Be male at any age.

2. Be scheduled to undergo surgery, chemotherapy, drug treatment and/or radiation for the treatment or prevention of a medical condition or malignancy with risk of causing permanent and complete loss of subsequent testicular function. Risk categories based on treatment regimens are indicated below. Investigators will utilize 1) the “Fertile Hope – Risks of Azoospermia” brochure that details typical agents and treatment regimens in each risk category (Appendix 1), 2) the Summed Alkylating Agent dose score (Appendix 9; Green et al., 2009) and/or 3) the Cyclophosphamide Equivalent Dose method (Appendix 10; Green et al., 2014) to calculate risk. Because of the complexity of many treatment regimens, patient risk categorization will be at the discretion of the investigators.

   a. High Risk (calculated by one of the following methods):

      i. ≥80% risk of prolonged azoospermia, Fertile Hope Brochure.

      ii. Summed alkylating agent dose score ≥3.

      iii. Cyclophosphamide equivalent dose ≥7,500 mg/m².

   b. Intermediate risk (21-79% risk of prolonged azoospermia, Fertile Hope).

   c. Low Risk (≤20% risk of prolonged azoospermia, Fertile Hope).

   d. For adult subjects (≥18 years old), eligibility is limited to patients in High and Intermediate risk categories.

   e. For children subjects (<18 years old), eligibility is limited to patients in the High risk category.

3. Or, have a medical condition or malignancy that requires removal of all or part of one or both testicles.

4. Or, Have newly diagnosed or recurrent disease. Those who were not enrolled at the time of initial diagnosis (i.e., patients with recurrent disease) are eligible if they have not previously received therapy that is viewed as likely to result in complete and permanent loss of testicular function.

5. Have two testicles if undergoing elective removal of a testicle for fertility preservation only (category 3). Note: removal of both testicles will limit fertility preservation options.

6. Sign an approved informed consent and authorization permitting the release of personal health information. The patient and/or the patient’s legally authorized guardian must acknowledge in writing that consent for specimen collection has been obtained, in accordance with institutional policies approved by the U.S. Department of Health and Human Services.

7. Consent for serum screening tests for infectious diseases [HIV-1, HIV-2, hepatitis B, hepatitis C, RDR (syphilis), CMV, HLTV-1, and HTLV-2], to be performed at the time of testicular tissue harvesting.
8. Undergo a full history and physical examination and obtain standard pre-operative clearance (based on the most recent ACC/AHA Guideline for Perioperative Cardiovascular Evaluation for Noncardiac Surgery) as determined by their primary surgeon.

9. Complete the FDA donor screening module (infectious disease testing, questionnaire, screening exam).

Eligibility will be recorded using a written checklist based on the criteria listed above and will be verified by the PI or co-investigator prior to initiating experimental interventions.

### 4.2.2 Exclusion Criteria

Patients will be ineligible for participation in this study if they are:

1. Diagnosed with psychological, psychiatric, or other conditions which prevent giving fully informed consent.

2. Diagnosed with an underlying medical condition that significantly increases their risk of complications from anesthesia and surgery.
5 Study Schedule

5.1 Screening
Local investigators at each site will be informed by clinicians regarding patients who are planned to undergo treatment for a medical condition which may result in infertility; or have a medical condition known to be at high risk for infertility. The clinicians will approach the patient’s family to inform the family about the study and that they may be approached by the investigators for potential enrollment in the study. If the patient’s family agrees to being approached regarding entry into the study, their medical records will be reviewed to determine that all of the inclusion criteria are met and that none of the exclusion criteria are met. If this is so, written informed consent will be gained from the patient or their legal guardians. There are no specific screening tests to be performed for inclusion in the study.

5.2 Enrollment/Baseline
The only evaluation to be performed prior to enrollment is a review of the patient’s medical records and discussion with the treatment team to ensure that the inclusion and exclusion criteria (see section 4.4) are met.

A baseline review will be performed at which time demographic details, past medical history, surgical history; family history, medications, etc. will be obtained and documented.

5.3 Study Procedures
The goal will be to remove healthy tissue for research and future patient use without compromising the health of any remaining tissue. This will be at the discretion of the surgeon and will be educated by discussion with the laboratory researchers listed as investigators on this protocol. Estimates of the amount of tissue that will be removed for fertility preservation only (for future patient use and the research pool) are as follows:

- Testicular tissue from pre-adolescent and adolescent patients: Between 100-500mg of testicular parenchyma.
- Testicular tissue from adult patients: Between 3-6g of testicular parenchyma (more tissue is obtained from adults because cellular yields are lower and spermatogonial stem cells are diluted by differentiating germ cells during spermatogenesis).

The surgical approach for removal of testicular tissue will be performed using the methods determined by the surgeon based on the medical/surgical diagnosis or treatment (see below). For instance, a trans-scrotal approach will be used for testicular tissue retrieval except in cases where an inguinal approach is not indicated (radical orchectomy). Furthermore, surgery to harvest testicular tissue may be coordinated with another procedure such as placement of a central venous catheter for future chemotherapy, tumor biopsy, or laparotomy for another purpose. Testicular tissue designated for research will be de-identified by an honest-broker system.

Timing of the Surgery and Starting Other Therapy: Whenever possible, surgery to remove testicular tissue will be coordinated with other surgical procedures (e.g., central line placement). Whenever possible, surgery to obtain testicular tissue will be performed prior to any potentially gonadotoxic therapy (e.g., chemotherapy or radiation). Patients with previous exposure to gonadotoxic therapy may still be eligible for this protocol if the previous exposure was not
associated with high risk of infertility (see section 4.4.2). For patients who will receive
chemotherapy or radiation for treatment of their primary disease, the patients’ surgeon(s) will
determine hemostasis and provide surgical clearance for initiation of therapy. Subjects will begin
their treatments on a time-frame dictated by clinical management of their primary disease or
condition, typically within one week. It has been reported in some cases that chemotherapy or
radiation treatments can begin as early as one day following testicular biopsy surgery (Bahadur
et al., 2000).

Surgical Procurement of Testicular Tissue: If a male patient chooses to participate and
provides informed consent, he will be screened to determine eligibility. At early stages of
technology development, simple orchiectomy (removal of one entire testicle) may give the best
chance of preserving sufficient cells for effective therapy. However, incisional biopsy of up to
25% of tissue from one testis (wedge resection) will also be presented to the patient as an
alternative option. The amount of testicular parenchyma removed will be at the discretion of the
surgeon. The duration of surgical testicular tissue procurement is likely to be between 1 and 2
hours. The recovery time required prior to resuming normal activities or initiating other
treatments (e.g., chemotherapy or radiation) is expected to be 2-3 days.

The decision whether to perform an orchiectomy or a wedge biopsy can be made by the urology
team at the recruitment site (if they wish to do so), or the options can be presented to the family
and let the family decide how to proceed. The decision making process should be outlined in the
protocol submitted to the recruitment site IRB. The coordinating center will provide guidance
and recommendations.

Testicular specimens will be immediately submerged in sterile ice-cold medium [Quinn’s
Advantage Blastocyst Medium (Irvine Scientific)] in the OR and kept on ice during all follow up
procedures.

**Wedge Resection (incisional biopsy) - Scrotal Approach**
Incision is made with scalpel in scrotum in direction of rugae. Dartos muscle is divided by
electrocautery and the tunica vaginalis is divided sharply. The tunica albuginea is incised
sharply with a scalpel and up to 25% of the testicular parenchyma is excised. The tunica
albuginea is closed with a 5-0 absorbable suture. Then the tunica vaginalis is closed over the
testicle with a 4-0 absorbable suture. Then the skin and dartos muscle are closed in a single
layer with a 4-0 absorbable suture in a subcuticular fashion.

**Wedge Resection (incisional biopsy) - Subinguinal Approach**
Incision with scalpel is made 0.5 cm below external inguinal ring. The subcutaneous fat is
divided by electrocautery. The spermatic cord is visualized and freed from its investing fascia by
sharp dissection. The testicle is then delivered through the inguinal canal, leaving the
gubernacular attachments intact. The tunica albuginea is incised sharply with a scalpel and up
to 25% of the testicular parenchyma is excised. The testicle is returned back to its normal
anatomic position. Scarpa’s fascia is then closed with a 4-0 absorbable suture and the skin is
closed with a 4-0 absorbable suture.

**Simple Orchiectomy** - The incision is made with scalpel in scrotum in direction of rugae. The
dartos muscle is divided by electrocautery. The testicle and spermatic cord are then delivered
through the incision. The cord is divided into 2 packets: one packet contains the vas deferens
and the other contains the spermatic cord vessels. Each packet is tied off with a 2-0 non-
absorbable suture. The skin and dartos are closed in a single layer with a 4-0 absorbable suture in a subcuticular fashion.

**Blood collection for infectious disease screening and testing:**
Tissue banking and subsequent use of testicular tissue is currently regulated by the Food and Drug Administration (FDA). In order to comply with current tissue banking regulations and to be prepared for any future changes in regulations while these testicular tissues are in storage, patients will be tested and screened for a number of infectious diseases prior to banking testicular tissue. 4 vials of blood (6 ml each) will be collected, including 1 red top tube for serum and 3 purple top tubes (EDTA) for plasma. 1 red top and 2 purple top tubes will be sent to a FDA approved Donor testing lab (i.e. Memorial Blood Centers) for infectious disease testing. Plasma from 1 purple top tube will be frozen and sent with the patient’s frozen testicular tissue/cells to Reprotech to be stored with the tissue to allow for future testing if FDA regulations change. The immediate testing will include but not be limited to testing for Hepatitis B and C, and HIV. The screening and testing that will be performed are the same as would be performed on an anonymous reproductive tissue donor and include a physical examination and questions regarding potential high risk behaviors. The testing that will be performed will be testing that is mandated for donors of leukocyte rich tissues and must be performed within 7 days of tissue procurement. In addition, a sample of the patient’s blood plasma will be stored with the testicular tissue to permit any future testing required under federal tissue banking regulations. In spite of storing blood plasma, it is still possible that federal regulations may change and therefore, it may not be possible to perform the appropriate testing to permit heterologous use of the tissue in the future. Infectious disease testing is performed in this study to permit patient use of his own tissue and not for the purposes of research tissue or research study.

**Pathology:** A segment of each testicular specimen (~5%) will be removed at the recruitment site under sterile conditions, fixed in formalin, and sent to the Pathology Department to assess for contamination by neoplastic (malignant) cells. A full Pathology report detailing results of the histological and morphological examination of each tissue specimen will be included in the patient’s medical record to provide information to counsel patients on the likelihood that the tissue obtained could be used for future fertility restoration. The Pathology report will also be de-identified and included in the research record using the same coding to de-identify the gonadal research tissue in order to protect patient privacy. In cases where surgeons order intraoperative pathological examination of the patient’s testicular tissue, additional tissue will not be reserved for pathological examination.

**Tissue transport:** Testicular tissue will be maintained in sterile, cold medium at all times. The tissue container will be sealed and placed in double-redundant zip lock bags. The testicular tissue specimen and one purple top blood plasma tube will be placed in a Styrofoam shipping container with ice packs and will be transported to the cryopreservation lab at the recruitment site, or will be shipped to the coordinating center in Pittsburgh (see shipping address below) for cryopreservation. Tissue and blood samples will be de-identified at the individual site and labeled with a site specific identification number. No patient identifying information will be shipped to the Pittsburgh coordinating center.

**Tissue processing:** Testicular tissue and blood samples will be processed at the recruitment site, or at CFRE at Magee-Womens Hospital. Upon arrival at the cryopreservation lab, testicular tissues will be weighed. The tissue will be minced and cryopreserved as tissue fragments or digested to produce a cell suspension (see below). Approximately 75% of the resulting tissue pieces or cell suspension will be designated for patient use, and 25% will be de-
identified and designated for research. The Absolute amounts of testicular tissue/cells designated for research and patient use will depend on the actual weight of tissue obtained.

Testicular Tissue/Cell Storage:
1) After obtaining the infectious disease test results, the primary study team at the recruitment site will inform the study team at the coordinating center regarding the infectious status of the samples, before testicular tissues and cells designated for research use can be transferred to Magee-Womens Research Institute (MWRI; Pittsburgh, PA). Research cells/tissue will not be stored with tissue designated for patient use.

2) After obtaining the infectious disease test results, the primary study team at the recruitment site will inform Reprotech regarding the infectious status of the samples. The recruitment site team and Reprotech will arrange for shipment of cryopreserved testicular tissue/cells designated for patient use to Reprotech, Ltd. (RTL) in Roseville, MN for storage and subsequent release. RTL is an FDA-compliant and American Association of Tissue Banks accredited long term storage facility for reproductive tissues. Based on the extended periods of time that these testicular tissues/cells are likely to be stored (patients may wait for five years from cancer treatment to be considered cancer free and begin a family; some may wait longer based on age), RTL provides maximum flexibility for the patients involved. In this way, patients are permitted to store their testicular tissues/cells as long as they wish and ship them to a fertility treatment center of their choice at the time of use. The patient can determine how the testicular tissue designated for his use will be utilized as technology changes and based on his unique circumstances. RTL does not perform fertility treatments and is not affiliated with any fertility center so there is no potential conflict of interest. Patients will execute a separate storage agreement with RTL which defines the length of storage, shipping requirements, infectious disease, screening and disposition of the tissues in the event of their death. In some circumstances, as determined by the subjects, it is possible for patient tissues to be donated to research prior to transfer to Reprotech, at which time the de-identified samples will be transferred to MWRI for storage and research use. Donation of subject tissue to research after transfer to Reprotech is governed by the subjects’ agreement with Reprotech.
Specimen Shipment
Shipping de-identified enrollment forms, tissue and blood to the Pittsburgh Coordinating Center:
Fertility Preservation Program of UPMC
Center for Fertility and Reproductive Endocrinology
Magee-Womens Hospital
Pittsburgh, PA 15213
Phone: 412-641-7475
Email: gasseik@upmc.edu

Shipping blood to Memorial Blood Centers for FDA-mandated infectious disease testing:
Memorial Blood Centers Donor Testing Laboratory
737 Pelham Blvd
St. Paul, MN 55114
Phone: 651-332-7111
Fax: 651-332-7005

Sending Cryostorage Agreement forms to Reprotech:
Attn:  Lea Wilcox
33 Fifth Ave NW, Suite 900
St. Paul, MN 55112
888-489-8944 (phone)
651-489-442 x

5.4 Follow-up and Final Visits, if applicable
The follow up visit is typically done as a phone interview with the patient or their legal guardian. The physical examination of the surgical site is done by the primary treatment team.

After the results of the tissue pathology and lab work are resulted, a copy is made and mailed to the patient or legal guardians for their own personal records. Included in the send out are the FDA screening and lab results, tissue pathology, operative report, Reprotech registration forms, tissue/plasma log of what was sent to Reprotech, and study consents. At this time, information about Verna’s purse, a program offering discounted storage fees, is also sent to the family.
6 Safety Assessment and Reporting

6.1 Data Safety Monitoring Board
The Pittsburgh coordinating center will serve as the central data safety monitoring board (DSMB) for this study for the multicenter sites. The affiliated sites will send their minutes and their adverse events to the coordinating center. The coordinating center will review this data at the bimonthly meeting and provide a summary or a central DSMB report which will be sent to all the centers.

Dr. Orwig together with the other co-investigators and research team members listed on this protocol will meet on a bimonthly basis to conduct the data safety monitoring review for the Pittsburgh site. All affiliated sites will send their data safety monitoring meeting minutes to the center and they will also be reviewed at the bimonthly meeting. A DSMB report from all affiliated sites will be submitted to the IRB at the time of annual renewal.

Adverse events and surgical complications after an elective orchiectomy (Category 3 Patients—those not requiring surgery for clinical management of their primary disease) will be identified using the Common Toxicity Criteria for Adverse Events (CTCAE). A copy of the CTC version 4.0 can be downloaded from the CTEP home page (http://ctep.info.nih.gov). All appropriate treatment areas should have access to a copy of the CTCAE version 4.0. The severity of the event should then be graded using the CTCAE criteria. Determination of whether the event was related to the surgical procedure and whether the adverse event was expected or unexpected will be made. Any instances of grade 3 or 4 adverse events are reported immediately to the University of Pittsburgh IRB using the standard forms and procedures established by the IRB.
7 Data Handling and Record Keeping

Participation in this research is confidential. All research tissues will be de-identified by the individual centers; participants will be identified by number, not name. The Pittsburgh coordinating center will receive de-identified enrollment information, tissue and blood that is identified with a site-specific identification number. No information by which the patient can be identified will be published in connection with this study. Only the individual site PI and co-investigators will have access to files matching the patient information with tissue specimen numbers. Tissue and blood samples will be de-identified by the individual sites, but in such a way that the Pittsburgh coordinating center will know which site sent the tissue (e.g., CHOC-001 from Children's Hospital of Orange County or LCH-001 from Lurie Children's Hospital). Only the individual site PI, co-investigators and research staff will have access to their own files and these will not be available to Pittsburgh or other individual sites. Authorized representatives of the USDA and the office for human research protections (OHRP) may review and/or obtain identifiable health information for the purpose of monitoring the accuracy of research data and to ensure that the research is being conducted according to FDA regulations. Authorized representatives of a FDA approved Donor testing lab (i.e. Memorial Blood Centers) will have access to data, documents and blood samples in association with the FDA-mandated infectious disease screening. Testicular tissue/cells designated for patient use will be stored at Reprotech, LTD, a third party tissue bank. Authorized representatives from Reprotech will have access to data, documents, blood plasma and tissue/cells generated by the study. Patients will sign a separate agreement with Reprotech.

Record keeping:
The Pittsburgh Coordinating Center will maintain records of the IRB approval letter and the current approved IRB protocol and consent forms for each individual recruitment site.

The Pittsburgh Coordinating Center will act as the Data Safety Monitoring Board for all sites and will maintain a record of Data Safety Monitoring meeting minutes from each individual recruitment site.

Reporting:
The Pittsburgh Coordinating Center will provide annual reports of data safety monitoring minutes from all recruitment sites to the University of Pittsburgh IRB and all sites.

The Pittsburgh Coordinating Center will provide an annual summary of subject enrollment to all recruitment sites.

The Pittsburgh Coordinating Center will communicate protocol changes to all sites.
8 Appendices
8.1 Patient Intake Form (1 page)
8.2 Eligibility Form (4 pages)
8.3 Testicular Tissue Cryopreservation Study Enrollment Form (1 page)
8.4 Transportation Waiver Form (1 page)
8.5 Testicular Tissue Shipping Checklist (1 page)
8.6 Testicular Tissue Collection and Transport Form (1 page)
8.7 TTC Case Documentation Checklist (1 page)
8.8 FDA Lab Specimen Collection Instructions and MBC Sample Form (2 pages)
8.9 FDA Eligibility Screening and Testing Module (8 pages)
8.10 Adverse Event Evaluation and Data Safety Monitoring Forms (2 pages)
8.11 Testicular Tissue Cryopreservation Study – Follow-up Script (5 pages)
8.12 Reprotech Forms (7 pages)
TESTICULAR TISSUE CRYOPRESERVATION INTAKE SHEET*

How did you hear about us?______________________________________________________

Date:___________________  Email:_________________________________________

Name:________________________________________________________________________

Address: ______________________________________________________________________

______________________________________________________________________

Phone: (H)_______________________________________(C)__________________________________

(W)___________________________________________________________________________

Date of Birth: __________________        Age__________

Parents: _____________________________________________________________________________

_____________________________________________________________________________

Parent phone:________________________________________________________________________

Diagnosis:____________________________________________________________________________

•  Date diagnosed: ______________________________________________________________

Previous treatment: ____________________________________________________________________

•  Chemo: ________________________________________________________________________

•  Radiation: ______________________________________________________________________

•  Surgery: _______________________________________________________________________

Current treatment: _____________________________________________________________________

•  Chemo: ________________________________________________________________________

•  Radiation: ______________________________________________________________________

•  Surgery: _______________________________________________________________________

Oncologist:____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Allergies: _____________________________________________________________________________

Medications: __________________________________________________________________________

__________________________________________________________________________

Significant Medical History: ______________________________________________________________

___________________________________________________________________________

Please remove all patient identifiable information and forward a copy of the intake sheet to Kathrin Gassei, Program Coordinator, (gasseik@upmc.edu) Phone: 412-641-2700

Version 11/13/2014

* Keep with patient records at recruiting site.
Eligibility Form

Testicular tissue cryopreservation for fertility preservation in patients facing infertility-causing disease or treatment regimens

IRB Protocol: Subject Initials: __________

PI: Subject #: _______________

Date: __________ DOB: _______________

Treatment Regimen: ________________________________________________

Indication/Usage: Malignancy □ BMT/SCT □ Other □

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Check at least one in each section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Male any age</td>
<td>□</td>
</tr>
<tr>
<td>2a. Scheduled to undergo surgery or medical treatment with risk of causing azoospermia and infertility.</td>
<td>□</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>2b. Have a medical condition or malignancy that requires removal of all or part of one or both testicles</td>
<td>□</td>
</tr>
<tr>
<td>3a. Have newly diagnosed disease (see section 4a)</td>
<td>□</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>3b. Have recurrent disease (see section 4b)</td>
<td>□</td>
</tr>
<tr>
<td>4. Subjects with recurrent disease or in the early stage of primary treatment are only eligible if they have not previously received therapy that would put them at high risk of azoospermia.</td>
<td>□ YES □ NO □ N/A</td>
</tr>
<tr>
<td>4a. Subject in early stage of primary treatment with high risk regimen?</td>
<td>□ YES □ NO □ N/A</td>
</tr>
<tr>
<td>4b. Has subject received a previous high risk treatment regimen?</td>
<td>□ YES □ NO □ N/A</td>
</tr>
<tr>
<td>5. Risk category based on previous and current treatment regimens (see risk calculation worksheet on following pages):</td>
<td>□ High* □ Intermediate** □ Low</td>
</tr>
<tr>
<td>High risk (≥80% risk of prolonged azoospermia)</td>
<td>□ High* □ Intermediate** □ Low</td>
</tr>
<tr>
<td>Intermediate risk (21-79% risk of prolonged azoospermia)</td>
<td>□ High* □ Intermediate** □ Low</td>
</tr>
<tr>
<td>Low risk (≤20% risk of prolonged azoospermia)</td>
<td>□ High* □ Intermediate** □ Low</td>
</tr>
</tbody>
</table>

Qualify: Yes □ No □ *<18 Must be high risk to participate  ** ≥ 18 High Risk or Intermediate risk to participate

Investigator Signature: ___________________________ Date: __________

Page 1 of 4
Eligibility Form

Testicular tissue cryopreservation for fertility preservation
in patients facing infertility-causing disease or treatment regimens

<table>
<thead>
<tr>
<th>Eligibility Criteria</th>
<th>Summed Alkylating Agent (SAA) Dose Score¹</th>
<th>Cylcophosphamide Equivalent Dose (CED)²</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prolonged azoospermia post-treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Total body irradiation (TBI)</td>
<td>□ ≥ 3</td>
<td>□ ≥ 7,500 mg/m²</td>
</tr>
<tr>
<td>□ Testicular radiation dose ≥ 2.5 Gy in men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Testicular radiation dose ≥ 6 Gy in boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Protocols containing procarbazine: COPP, MOPP, MVPP, ChIVPP, ChIvPP/EVA, MOPP/ABVD, COPP/ABVD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Alkylating chemotherapy for transplant conditioning (cyclophosphamide, busulfan, melphalan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Any alkylating agent (e.g. procarbazine, nitrogen mustard, cyclophosphamide) + TBI, pelvic radiation, or testicular radiation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Cyclophosphamide &gt; 7.5 g/m²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Cranial/brain radiation ≥ 40 Gy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Intermediate Risk

Prolonged azoospermia not common at standard dose

<table>
<thead>
<tr>
<th>Eligibility Criteria</th>
<th>Summed Alkylating Agent (SAA) Dose Score¹</th>
<th>Cylcophosphamide Equivalent Dose (CED)²</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ BEP x 2-4 cycles (bleomycin, etoposide, cisplatin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Cumulative cisplatin dose &lt; 400 mg/m²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Cumulative carboplatin dose ≤ 2g/ m²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Testicular radiation dose 1-6 Gy (due to scatter from abdominal/pelvic radiation)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Instructions on how to calculate SAA can be found on page 4)
(Instructions on how to calculate the equivalent dose can be found on page 4)
Eligibility Form

Testicular tissue cryopreservation for fertility preservation
in patients facing infertility-causing disease or treatment regimens

IRB Protocol:               Subject Initials: __________
PI:        Subject #: _______________
Date: __________  DOB: __________________

Low Risk
Temporary azoospermia post-treatment

☐ Non-alkylating chemotherapy:
   ABVD, OEPA, NOVP, CHOP, COP

☐ Testicular radiation dose 0.2 – 0.7 Gy

Very Low/ No Risk
No effects on sperm production

☐ Testicular radiation dose < 0.2 Gy

☐ Interferon –α

☐ Radioactive iodine

Unknown Risk

☐ Irinotecan

☐ Bevacizumab (Avastin)

☐ Cetuximab (Erbitux)

☐ Erlotinib (Tarceva)

☐ Imatinib (Gleevec)

How to calculate the summed alkylating agent (SAA) dose score (Green et al., 2009):

Table 1. Tertile Distribution of Alkylating Agents in Cumulative Dose

<table>
<thead>
<tr>
<th>Alkylating Agent</th>
<th>First (mg/m²)</th>
<th>Second (mg/m²)</th>
<th>Third (mg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCNU, mg/m²</td>
<td>1,300</td>
<td>301-629</td>
<td>530-6,370</td>
</tr>
<tr>
<td>Busulfan, mg/m²</td>
<td>1,317</td>
<td>318-609</td>
<td>510-6,645</td>
</tr>
<tr>
<td>CCNU, mg/m²</td>
<td>1,361</td>
<td>362-610</td>
<td>611-3,139</td>
</tr>
<tr>
<td>Chlorambucil, mg/m²</td>
<td>1,165</td>
<td>166-624</td>
<td>625-3,349</td>
</tr>
<tr>
<td>Paclitaxel, mg/m²</td>
<td>1,704</td>
<td>3,705-6,200</td>
<td>9,201-8,648</td>
</tr>
<tr>
<td>Oral cyclophosphamide, mg/m²</td>
<td>1,722</td>
<td>4,723-10,636</td>
<td>10,637-14,802</td>
</tr>
<tr>
<td>Ifosfamide, mg/m²</td>
<td>1,167,711</td>
<td>16,772-5,758</td>
<td>55,789-192,391</td>
</tr>
<tr>
<td>Melphalan, mg/m²</td>
<td>139</td>
<td>40-137</td>
<td>138-574</td>
</tr>
<tr>
<td>Nitrogen mustard, mg/m²</td>
<td>44</td>
<td>45-64</td>
<td>65-336</td>
</tr>
<tr>
<td>Plicofibra, mg/m²</td>
<td>4,300</td>
<td>4,201-7,000</td>
<td>7,001-58,680</td>
</tr>
<tr>
<td>Intrathecoc thiotepa, mg</td>
<td>180</td>
<td>81-302</td>
<td>321-914</td>
</tr>
<tr>
<td>Thiotepa, mg/m²</td>
<td>1-77</td>
<td>78-220</td>
<td>221-3,749</td>
</tr>
</tbody>
</table>

Example: Busulfan 250 mg/m² => First tertile => Score 1
Ifosfamide 25,000 mg/m² => Second tertile => Score 2
Melphalan 25 mg/m² => First tertile => Score 1

SAA dose score: 4 (High Risk!!!)
2How to calculate the Cyclophosphamide equivalent dose (CED) calculation (Green et al., 2014):

CED (mg/m^2) = 1.0 * (cumulative cyclophosphamide dose (mg/m^2))
+ 0.244 * (cumulative ifosfamide dose (mg/m^2))
+ 0.857 * (cumulative procarbazine dose (mg/m^2))
+ 14.286 * (cumulative chlorambucil dose (mg/m^2))
+ 15.0 * (cumulative BCNU dose (mg/m^2))
+ 16.0 * (cumulative CCNU dose (mg/m^2))
+ 40 * (cumulative melphalan dose (mg/m^2))
+ 50 * (cumulative Thio-TEPA dose (mg/m^2))
+ 100 * (cumulative nitrogen mustard dose (mg/m^2))
+ 8.823 * (cumulative busulfan dose (mg/m^2))

Example:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose (mg/m^2)</th>
<th>Calculation</th>
<th>CED (mg/m^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyclophosphamide</td>
<td>2000</td>
<td>1*2000=</td>
<td>2000</td>
</tr>
<tr>
<td>Ifosfamide</td>
<td>5000</td>
<td>0.244*5000=</td>
<td>1220</td>
</tr>
<tr>
<td>CCNU</td>
<td>300</td>
<td>16*300=</td>
<td>4800</td>
</tr>
</tbody>
</table>

CED (mg/m^2) = 8020 (High Risk!!!)
Testicular Tissue Cryopreservation Study Enrollment*

Today’s Date:____________________
Expected Date of Surgery:_________________
Consent form signed on:__________________ Witness:_______________

Site Information
Site Name:_________________________________________________
Primary Contact Person (Name and Phone):_________________________________________________

Patient Information
Patient Number:____________________
Date of Birth:_____________________

Race:
□ American Indian/Alaska Native
□ Asian
□ Native Hawaiian or Other Pacific Islander
□ Black or African American
□ White
□ More Than One Race
□ Unknown or Not Reported

Ethnicity:
□ Non-Hispanic
□ Hispanic

Type of Cancer/Diagnosis:___________________________________________________________
Previous Cancer Treatment:________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Please forward a copy of enrollment form to Kathrin Gassei, Program Coordinator, (gasseik@upmc.edu)
Phone: 412-641-2700.

*Keep with patient records at recruiting site.

Version 4/6/2015
TRANSPORTATION WAIVER*

At your request:

_______________________________________________________________(Patient)

_______________________________________________________________(Parents)

We have provided shipping materials and arranged with your medical providers at:

_______________________________________________________________(Hospital)

to ship testicular tissue (tissue) in a cold storage container to the Center for Fertility and Reproductive Endocrinology at Magee-Womens Hospital in Pittsburgh, Pennsylvania.

It must be understood by the parties signed below that there are inherent risks associated with the transport of the tissue, including but not limited to, container failure, travel delays, forces of nature, Acts of God and deviation in temperature that can cause adverse affects on the tissue.

Because of these possible transportation circumstances, the parties acknowledge that the events could compromise the viability of the tissue and that the Fertility Preservation Program in Pittsburgh, The Center for Fertility and Reproductive Endocrinology, Magee-Womens Hospital or UPMC Health System and its affiliates, can not make any representation or warranty of any kind concerning the quality of the tissue or any services related to the tissue.

_______________________________________________________________
Signature and Date

_______________________________________________________________
Signature and Date

_______________________________________________________________
Witness

*Keep with patient records at recruiting site.
Testicular Tissue Cryopreservation Shipping Checklist for ____________(case number):

You will receive the following contents:

- 2 x 50 ml bottles of collection medium (Quinn’s Advantage Blastocyst Medium, Origio Cat.-No. ART-1029). Please remove bottles upon arrival and keep in refrigerator so media is cold at the day of surgery.
- 1 specimen cup (white cap, 40 ml) for testicular tissue.
- 1 specimen transport jar (red cap) with 4 purple and 2 red top blood collection tubes (there is 1 extra of each tube - you will only collect 3 purple and 1 red top tube).
- 1 Gen Probe urethral swab kit.
- 1 Gen Probe urine specimen collection kit. We have also enclosed a sterile container to collect the urine specimen if you are collecting urine. REMINDER-only urethral specimen or urine specimen is needed, not both.
- 3 biohazard Ziploc bags
- Ice packs. Please place ice packs in freezer upon receipt so they are frozen and can be reused for shipment of tissue and specimens to Pittsburgh.
- Folder containing: Testicular Tissue Collection and Transport form, instructions for FDA sample collection, sample ID labels (de-identified) for testis and plasma specimen. Folder is alongside the Styrofoam box.

For shipment to Pittsburgh, please follow these instructions and prepare the following contents in a styrofoam box along with frozen ice packs:

- We will coordinate tissue pick-up and transport with you the day before the scheduled surgery.
- A return shipping label or a link to the courier’s website for printing the return shipping label will be emailed to you.
- Sterile specimen cup (white cap) containing testicular tissue labeled and identified as right or left. Attach provided sample ID label. The container should be placed in a biohazard bag and sealed prior to shipment.
- Specimen transport jar (red cap) containing 1 filled purple top tube. Attach provided sample ID label. Please make sure that the specimen is not labeled with patient name or identifiable information.
- Filled Testicular Tissue Collection and Transport Form.
- Please surround the testicular tissue and the specimen transport jar with frozen ice packs.
- Please add packing material as needed to stabilize the contents for shipping.
- Please return left over collection medium with the shipment.
Testicular Tissue Collection and Transport Form
for patient_____________ (Case number)

Date of Surgery: _____________________________________________________________________
Surgeon: ___________________________________________________________________________
Time testicular tissue removed: ________________________________________________________
Name /Phone number of person shipping tissue: __________________________________________
___________________________________________________________________________________
Comments: _________________________________________________________________________
___________________________________________________________________________________

1. Please use the sterile blue cap specimen cup provided for the testicular tissue. Please pour cold media provided into the specimen cup (about 2/3 full) prior to placement of tissue. The tissue should be placed into the container using sterile technique, and the tissue should not come in contact with formalin.

2. The container should be labeled with patient tissue identification number.

3. Once pathology sample has been collected, please place the remaining testicular tissue in specimen cup and send for the testicular tissue cryopreservation study. The specimen cup with the tissue should be place in a biohazard bag and sealed. Place specimen cup with tissue in the Styrofoam box surrounded by frozen ice packs for transport to Pittsburgh.

4. The tissue and 1 plasma tube (purple top) should be placed in the shipping container as described on the attached sheet and shipped to Pittsburgh. Add packing material to minimize shifting of samples during transport. Blood samples (1 serum, 2 plasma) and urine specimen (or urethral swab) should be sent separately to Memorial Blood Center.

5. Please send box for **Same Day or First Overnight** delivery to:

   Fertility Preservation Program of UPMC
   Magee-Womens Research Institute
   204 Craft Avenue
   Pittsburgh, PA 15213

6. Please scan and email the filled out portion of this form to Kathrin Gassei at gasseik@upmc.edu

7. If there are any questions, please call Kyle Orwig at 412-849-4335, Kathrin Gassei at 412-680-8755, or our Fertility Preservation Phone Line at 412-641-7475.
TTC Case Documentation Checklist

Study ID ____________________________________ DOB ________________________________
Diagnosis __________________________________ Treatment: ____________________________
Azoospermia Risk: __________________________ Oncology Clearance: __________________ Surgery Date: ___________________________

Consult Visit:
- Fertility Options (Brochures - Fertile Hope, FPP, ASRM, etc…)
- Give Testicular Tissue Cryo Study Consent (consent expire ______________________)

Pre-OP Coordinating Center Forms (Remove identifiable information and email copies to FPP):
- Patient Intake Form
- Eligibility criteria form (initiated by physician)
- Enrollment Form
- Testicular Tissue Collection Kit received on: ___________ complete: ___ Y / N ___

Preop Visit:
Surgeon ________________________________________________________________
Date ______________ Location ________________________________________________
Procedure ________________________________________________________________
- FPP Transportation Waiver Form

Day of Surgery:
- collect lab work (HIV ½, HTLV ½, CMV, RPR, Hepatitis B, Hepatitis C)
  (3 lavender & 1 red)/CFRE sends to Memorial Blood Centers.
  TUBES EXPIRE ____________
- collect GC/Chlam (urethral or urine) Expires ______________________
- FDA screen/exam (can be done within 7 days of tissue collection)
- Page path to process tissue. Send path requisition with specimen.
- Memorial Blood Centers tubes shipped at: _______________________
- FPP Testicular Tissue Collection and Transport Form
- Testicular Tissue Collection Kit and form shipped at: ___________ FPP received at: _________

Post Op:
- Reprotech registration & Memorial Blood Centers lab results faxed to ReproTech (use template letter provided by FPP)
- Path report/Operative reports received
- Adverse event review

Post Op Coordinating Center Forms (Remove identifiable information and email copies to FPP):
- Infectious disease screen results from Memorial Blood Centers

FPP will send you:
- Testicular tissue processing and freezing log
- Immunohistochemistry results and report
FDA Lab Specimen Collection

Please note - you may submit either a urethral specimen or urine specimen for the gonorrhea/chlamydia testing.

Male urethral swab collection for Gonorrhea & Chlamydia:
1) Patient should not have voided 1 hour prior to sample collection. Swab is best collected when patient is already under general anesthesia.
2) Insert specimen collection swab 2-4 cm into urethra.
3) Gently rotate swab for 2-3 seconds to ensure adequate sampling.
4) Withdraw swab carefully.
5) Remove the cap from the swab specimen transport tube and immediately place the specimen collection swab into the transport tube.
6) Carefully break the swab shaft at the score line, use care to avoid splashing of contents.
7) Recap the specimen transport tube tightly and attach patient information label (not provided).

Urine specimen for Gonorrhea and Chlamydia:
1. Prior to collecting specimen, patient should NOT have voided at least 1 hour before collection. NO cleaning of urethra is required. Patient should provide the first catch urine (20-30 ml is OK) into sterile urine container.
2. Transfer 2 ml of urine into the urine specimen transport tube. Be sure volume of urine added places fluid level between the black lines.
3. Please label the urine transport tube with patient information label (not provided).
4. Specimen will need to be transported to Memorial Blood Centers with other blood work.

Testicular Tissue Cryopreservation Study FDA Lab Work
1. Please collect one (1) red top tube (serum) and three (3) purple top EDTA tubes (plasma). All the tubes you need are enclosed as well as 1 extra of each in case there is a tube issue.
2. Each tube requires 6ml of blood. Please fill entire tube. This recommendation ensures there is enough volume for repeat and confirmatory testing. The red top should be drawn first followed by the purple tops. Each purple top tube should be gently inverted 8 times to properly distribute the additive.
3. Apply patient information label (not provided) to red tube and 2 purple tubes.
4. Apply the provided de-identified sample ID label to remaining purple tube.
5. There is no need to centrifuge the tubes.
6. The 1 red tube and 2 purple tubes, along with the urethral swab or urine will be shipped to Memorial Blood Centers:
   Memorial Blood Centers Donor Testing Laboratory
   Viral Screening, Red Cell Typing, PCR Testing
   737 Pelham Blvd., St. Paul, MN 55114-1739
7. The testicular tissue will be shipped along with 1 purple blood tube to the CFRE lab in Pittsburgh:
   Fertility Preservation Program of UPMC
   Magee-Womens Research Institute
   204 Craft Ave
   Pittsburgh, PA 15213
### Required Information

<table>
<thead>
<tr>
<th>Source ID</th>
<th>DOB</th>
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<tbody>
<tr>
<td>(and/or)</td>
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</table>

<table>
<thead>
<tr>
<th>Patient Last Name</th>
<th>SSN (only)</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient First Name</th>
<th>Patient ID</th>
<th>Physician</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Date Drawn</th>
<th>Date Frozen</th>
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<tbody>
<tr>
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</table>

### Additional Information

<table>
<thead>
<tr>
<th>Test(s) Requested:</th>
</tr>
</thead>
</table>

- **IDM Panel** (Reflex on HBsAg, MPX PCR, Anti-HIV-1,2+O, Syphilis TP, Anti-HTLV I/II – NO Reflex on Anti-HBc, Anti-HCV, ABO Rh, CMV Total)
- **Female HCT/P Panel** (Reflex on HBsAg, MPX PCR, Anti-HIV-1,2+O, Syphilis TP – NO Reflex on Anti-HBc, Anti-HCV, Chlamydia, Gonorrhea)
- **Male HCT/P Panel** (Reflex on HBsAg, MPX PCR, Anti-HIV-1,2+O, Syphilis TP – NO Reflex on Anti-HBc, Anti-HCV, Anti-HTLV I/II, CMV Total, Chlamydia, Gonorrhea)

### Hepatitis B Virus

<table>
<thead>
<tr>
<th>X HBsAg – Reflex</th>
<th>X Anti-HBc Neutralization</th>
<th>X Anti-HBc Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Neutralization performed if reactive)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Nucleic Acid Testing

**Testing Licensed for Donor Screening Only**

<table>
<thead>
<tr>
<th>X MPX PCR - Reflex</th>
<th>X Syphilis TP – Reflex</th>
</tr>
</thead>
<tbody>
<tr>
<td>(HBV/HCV/HBV)</td>
<td>(Sent for FTA if reactive)</td>
</tr>
</tbody>
</table>

### Hepatitis C Virus

<table>
<thead>
<tr>
<th>X Anti-HCV</th>
</tr>
</thead>
</table>

### HIV Virus

<table>
<thead>
<tr>
<th>X Anti-HIV-1,2 plus O – Reflex</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Western Blot performed if reactive)</td>
</tr>
</tbody>
</table>

- **Anti-HIV-2**
- **Anti-HIV-2 – Reflex** (Sent for HIV-2 Immunoblot if reactive)
- **HIV-1 Western Blot**

### HTLV Virus

- **Anti-HTLV I/II**
- **Anti-HTLV I/II – Reflex** (Sent for ChLIA HTLV if reactive)

### Miscellaneous

- **T. Cruzi – Reflex** (Chagas)
  - (RIPA performed if reactive)
- **ABO Rh**
- **Red Cell Antibody Screen**

### Cytomegalovirus

<table>
<thead>
<tr>
<th>X CMV Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMV Total – IgM Reflex</td>
</tr>
<tr>
<td>(Sent for CMV IgM if reactive)</td>
</tr>
<tr>
<td>CMV Total – IgM/IgG Reflex</td>
</tr>
<tr>
<td>(Sent for CMV IgM and IgG if reactive)</td>
</tr>
</tbody>
</table>

### The following tests require special collection vessels

- **X Chlamydia/ Gonorrhea**
  - Urine: Must be filled between black lines.
  - Swab: Send blue swab

### Testing sent to an external reference laboratory

<table>
<thead>
<tr>
<th>X HIV-2 Immunoblot</th>
<th>X ChLIA Anti-HTLV I/II</th>
<th>X HTLV Immunoblot</th>
<th>X Syphilis FTA</th>
<th>X T.cruzi RIPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### *Client Code/Physician ID:

**MW**

### *Accession#/Patient ID:

To be completed by person submitting:

1. _# of Serum Tubes (Red)
2. _# of Plasma Tubes (Purple)
   - _# of Unknown Tube Type
3. _# of Urine or
4. _# of Swab
SAMPLE
INTRODUCTION AND PURPOSE:

The United States Food and Drug Administration (FDA) have issued its final rule regarding eligibility determination for human cells, tissues and cellular and tissue-based products. Effective May, 2005, donors of reproductive cells and tissues are subject to the same screening and testing as donors of bone-marrow, blood, kidneys and other organs. The regulations require that IVF clinics perform an eligibility determination based upon screening and testing for relevant communicable diseases and risk factors for these diseases. This is for the protection of possible recipients of these cells/tissues, as well as for staff members who may come into contact with them.

Over the next several pages of this module, you will be asked to complete a questionnaire regarding your risk factors for “relevant communicable diseases” for which the FDA provides guidance related to your eggs or sperm to be used as part of infertility treatment. It is imperative that your answers are as accurate and truthful as possible. Also, your responses will be reviewed with you by one of our clinical staff. Please understand that a “yes” answer does not necessarily exclude you as a donor; it simply means the information needs to be clarified and explained to meet the FDA’s rules regarding appropriate screening. In addition to the questionnaire, depending on where in the treatment cycle you are, you may also have a comprehensive physical examination, which includes a directed assessment of physical conditions that are specific to these “relevant communicable diseases”. Blood may be drawn and bacterial cultures may be taken (again, depending on where in the treatment cycle you are) for infectious disease, including but not limited to: HIV, Hepatitis B and C, syphilis, gonorrhea, Chlamydia, human T-lymphocytic virus and cytomegalovirus. These laboratory studies will be run by an independent laboratory which is licensed and certified and registered with the FDA. Please be assured that all of the information you provide, including results of your laboratory tests and physical examination, will be held in the strictest confidence. We understand that the questionnaire and some parts of this assessment (such as the physical examination) are of a sensitive nature; please understand we appreciate your understanding and compliance with our needs and for providing the most accurate information possible.

Apply patient ID label here

Begin Screening/Testing Module

Name: _______________________________ DOB: ______________________ ID # ___________

I understand that for the purposes of this donation, I am categorized as: (please enter your initials):
( ) an anonymous oocyte (egg) donor  ( ) a directed (known) oocyte (egg) donor
( ) an intended parent/female oocyte (egg) “donor” where my embryos may be transferred to a gestational surrogate
( ) an intended parent/male sperm “donor” where my embryos may be transferred to a gestational surrogate
( ) a woman is considering donation of embryos to someone I know (directed)
( ) a woman/man considering donation of embryos to someone I know (directed)
( ) a woman/man considering donation of embryos to someone I do not know (anonymous)
<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>D/K or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you in generally good health?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Do you have any symptoms of illness today (such as fever, nausea, diarrhea, rash, cough, muscle aches, etc.)?</td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>(If you are a woman) Have you ever had contact with a man who has had sexual contact either anal or oral, with another man?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>(If you are a man) Have you ever had sexual contact, either anal or oral, with another man?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Do you have a blood clotting disorder, and or have you ever received human-derived clotting factor concentrates?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>Have you ever had a sexual partner with a blood clotting disorder, or who has received human-derived clotting factor concentrates?</td>
<td></td>
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<tr>
<td>7</td>
<td>Have you ever had sex in exchange for drugs or money?</td>
<td></td>
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<tr>
<td>8</td>
<td>Have you ever had a sexual partner who has exchanged sex for drugs of money?</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Have you ever been tested or diagnosed for Hepatitis B, C or HIV? If yes, please go to item 9a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>What were the results of your test?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Have you ever had a sexual partner who was known to have Hepatitis B, Hepatitis C or HIV?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11</td>
<td>Have you ever been exposed to known or suspected HIV, Hepatitis B, or Hepatitis C, through “percutaneous inoculation” (like a needle stick), contact with an open wound, non-intact skin or mucous membrane?</td>
<td></td>
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<tr>
<td>12</td>
<td>Have you ever had viral hepatitis?</td>
<td></td>
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<tr>
<td>13</td>
<td>Have you ever been in close contact (like sharing a bathroom or kitchen) with anyone who has viral hepatitis?</td>
<td></td>
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<tr>
<td>14</td>
<td>Have you ever been in detention, jail, prison, or other type of “lock-up” for more than 72 consecutive hours?</td>
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</tr>
<tr>
<td>15</td>
<td>Have you ever had a sexual partner who has been in jail, prison, detention or lock-up for more than 72 hours?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>In the past 12 months, have you had a tattooing, ear piercing, or body piercing? If yes, please answer item 16a.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>16a</td>
<td>Did you see sterile packages opened when you had the tattooing, ear piercing, or body piercing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>In the past 12 months, have you had a sexual partner who has had a tattooing, ear piercing, or body piercing? If yes, please answer item 17a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td>As far as you know, were sterile instruments used for the tattooing, or ear or body-piercing?</td>
<td></td>
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</tr>
<tr>
<td>18</td>
<td>Have you ever had a smallpox vaccination?</td>
<td></td>
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<tr>
<td>19</td>
<td>Have you had close contact with someone who has had a smallpox vaccination?</td>
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<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>20  Have you ever been diagnosed with, or had a recent exposure to, West Nile Virus?</td>
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</tr>
<tr>
<td>21  Have you had a positive test result for West Nile Virus in the last 6 months?</td>
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</tr>
<tr>
<td>22  Have you ever been diagnosed with, or suspected to have, “Mad Cow” (Creutzfeldt-Jakob) disease?</td>
<td></td>
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</tr>
<tr>
<td>23  Have you ever been in contact with anyone with Creutzfeldt-Jakob’s disease?</td>
<td></td>
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</tr>
<tr>
<td>24  Do you live with, have any family members, or any close contact with anyone with undiagnosed dementia or degenerative neurologic disorder of viral or undiagnosed cause?</td>
<td></td>
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<tr>
<td>25  Do you have a history of dementia, or degenerative neurologic disorder of viral or unknown cause?</td>
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<tr>
<td>26  Have you ever received growth hormone made from human pituitary glands (pit-hGH)?</td>
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<tr>
<td>27  Have you ever had a dura mater (brain covering) graft?</td>
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<tr>
<td>28  Have you ever had a blood transfusion?</td>
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<tr>
<td>29  Have you ever had a sexual partner who had a blood transfusion?</td>
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<tr>
<td>30  Have you ever received transplants of human tissue?</td>
<td></td>
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</tr>
<tr>
<td>31  Have you ever had a transplant or other medical procedure involving exposure to live cells, tissue, or organs from non-human (such as animal) sources?</td>
<td></td>
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</tr>
<tr>
<td>32  Have you ever had intimate contact (such as exchange of bodily fluids, including sharing of toothbrushes or razors) with someone who has received cells, tissue, or organs from non-human (such as animal) sources?</td>
<td></td>
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<tr>
<td>33  Have you ever been refused as a blood donor? If yes, please explain:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>34  Have you ever been exposed to, or tested positive for syphilis?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>35  Have you ever been exposed to, or tested positive for gonorrhea?</td>
<td></td>
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</tr>
<tr>
<td>36  Have you ever been exposed to, or tested positive for Chlamydia?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>37  In the past 12 months, have you had any shots or vaccinations (excluding tetanus shot)?</td>
<td></td>
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<tr>
<td>38  Have you ever injected drugs for a non-medical reason, including intravenous, intramuscular or subcutaneous injections?</td>
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</tr>
<tr>
<td>39  From 1980 through 1996, were you a member of the US military, a civilian military employee, or a dependent of a member of the US military? If yes, please answer item 39a.</td>
<td></td>
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</tr>
<tr>
<td>39a Did you, or your family member, spend a total time of 6 months or more in any of the following countries: Germany, Belgium, the Netherlands, Greece, Turkey, Spain, Portugal or Italy?</td>
<td></td>
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<tr>
<td>40  In the past 5 years, have you been outside the US? If yes, please provide detail in item 40a.</td>
<td></td>
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</tr>
<tr>
<td>Item #</td>
<td>Question</td>
<td>Answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<td></td>
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</tr>
<tr>
<td>41</td>
<td>Since 1980, have you lived in or traveled to Europe? If yes, proceed to item #41, parts a-b-c; if no, skip to 42.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41a</td>
<td>Between 1980 and 1996, did you spend time that adds up to 3 or more months in the UK?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41b</td>
<td>Since 1980, have you received any type of transfusion in the UK?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41c</td>
<td>Since 1980, have you spent time that adds up to 5 years or more in Europe (including time spent in the UK between 1980 and 1996)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Were you born or have you lived in or traveled to any African country such as Cameroon, Central Africa, Chad, Congo, Equatorial Guinea, Gabon, Niger, or Nigeria since 1977? If yes, please answer item 42a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42a</td>
<td>When you were in ________________________, did you receive a blood transfusion or any other medial treatment with a product made from blood?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Have you had sexual contact with anyone who might answer “yes” to item 42 above?</td>
<td></td>
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</tr>
</tbody>
</table>

Your complete honesty is absolutely essential when answering the above questions and is very important for the safety of those who will receive your donation. Thank you for your truthful and accurate answers and please be assured that all of your information will remain confidential.

Printed Name: ___________________________  Signature: ___________________________

Date: ___________________________  Witness (if applicable): ___________________________

Details/Clarification/Explanation of any items from the questionnaire marked with potentially ineligible response:

<table>
<thead>
<tr>
<th>Item #</th>
<th>Explanation/Clarification/Details</th>
</tr>
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<tbody>
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</tbody>
</table>

Printed Name, Clinician Reviewer: ___________________________  Signature, Clinician Reviewer: ___________________________

Date: ___________________________  Physician Signature: ___________________________

Written: 05/01/07
Revised: 04/14/08
Revised: 11/05/08
Revised: 07/02/12

Form 001-A
Page 3 of 3
TARGETED PHYSICAL ASSESSMENT FOR CLINICAL EVIDENCE OF RELEVANT COMMUNICABLE DISEASE AGENTS

Name of Examiner (printed) ___________________________ Date of Examination ___________________________

has undergone a thorough physical assessment/medical history on the above date, for the specific purpose of identifying the following clinical evidence:

<table>
<thead>
<tr>
<th>Evidence of disease state/symptoms/physical findings</th>
<th>Examiner’s initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV infection:</strong> prior positive or reactive screening test for HIV; unexplained weight loss; unexplained night sweats; blue or purple spots under the skin or mucous membranes; disseminated lymphadenopathy for longer than 1 month; unexplained temp &gt; 100.5° for more than 10 days; unexplained persistent cough or shortness of breath; unexplained persistent diarrhea; unexplained persistent white spots or unusual blemishes in the mouth</td>
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<tr>
<td><strong>Hepatitis infection:</strong> prior positive or reactive screening test for hepatitis B or C; unexplained jaundice; unexplained hepatomegaly; history of clinical symptomatic viral hepatitis after the 11th birthday not found to be from Hep A, CMV or EBV</td>
<td></td>
</tr>
<tr>
<td><strong>History or evidence of syphilis, gonorrhea or Chlamydia infection:</strong> chancre (small painless genital ulcer), lymphadenopathy in the area of the chancre; mucopurulent cervicitis; dyspareunia; vaginal discharge not attributable to benign causes (such as candidiasis); urinary urgency, symptoms of PID. For men: any penile/urethral discharge, testicular tenderness or enlargement, dysuria; rectal discharge or pain</td>
<td></td>
</tr>
<tr>
<td><strong>Vaccinia infection:</strong> presence of scab, lesion, or rash (including corneal scarring and eczema vaccinatum) suggestive of recent smallpox vaccination or exposure to someone who may have had smallpox vaccine</td>
<td></td>
</tr>
<tr>
<td><strong>West Nile Virus infection:</strong> mild symptoms which might include fever, headache, body aches or eye pain; may also be accompanied by a skin rash on the trunk, or swollen lymph glands; severe illness might include neurological symptoms as well as headache, high fever, stupor, coma, tremors, convulsions, muscle weakness or paralysis</td>
<td></td>
</tr>
<tr>
<td><strong>Sepsis:</strong> fever, elevated WBC, oliguria, hypoxemia, symptoms of systemic infection. Symptoms of sepsis are generally severe and further assessment of this donor for reproductive purposes would be of little use.</td>
<td></td>
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<tr>
<td><strong>HTLV infection:</strong> history of prior positive test result for HTLV, unexplained paraparesis, and/or adult T-cell leukemia</td>
<td></td>
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<tr>
<td><strong>Tattoos/Piercings:</strong> Unless marked “n/a”, this donor has tattoos and/or piercings; please refer to Form 001-D</td>
<td></td>
</tr>
</tbody>
</table>

I have examined the above individual for clinical evidence of the relevant communicable diseases listed according to the possible physical findings listed above, and my signature below attests that I find this individual, to the best of my knowledge, free of evidence of these diseases.

Provider/examiner’s signature ___________________________ Date ___________________________

If practitioner above is not a staff member of UPP’s Center for Fertility/Reproductive Endocrinology, please provided:
Phone #: ___________________________ Address of Practitioner’s office ___________________________
Medical license #: ___________________________

Written: 05/01/07  Revised: 04/14/08  Revised: 11/05/08  Revised: 07/02/12
SUMMARY OF FDA REQUIRED COMMUNICABLE DISEASE SCREEN FOR DONORS OF OOCYTES/SPERM

EGG DONOR

COMMUNICABLE DISEASE SCREEN

INTENDED PARENT

EMBRYO DONOR

TESTING RESULTS FOR

☐ Oocyte Donor

☐ Sperm Donor

ID #

KEY FOR RESULTS:

NR — Non-reactive; ND — Not Detected; NEG — Negative

1. Donor Screening/Physical Assessment

(Forms 001, 001-A, 001-B, 001-D)

☐ Accept

☐ Reject

• Date/Time Reviewed:

• Reviewed by:

• MD (Signature):

2. Pre-Embryo Transfer Communicable Disease Test

☐ Accept

☐ Reject

• Sample Date:

• CLIA Certified Testing Facility:

• Results

<table>
<thead>
<tr>
<th>Test</th>
<th>Reject (initials)</th>
<th>Accept (initials)</th>
<th>Results</th>
<th>Reference Range Normals</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV I &amp; II Ab Screen</td>
<td></td>
<td></td>
<td>NR/NEG</td>
<td></td>
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<tr>
<td>HIV I NAT</td>
<td></td>
<td></td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>HbsAg &amp; anti-HbcAB</td>
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<td></td>
<td>NR/NEG</td>
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<tr>
<td>Anti-HCV</td>
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<td></td>
<td>NR/NEG</td>
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<tr>
<td>HCV NAT</td>
<td></td>
<td></td>
<td>NR</td>
<td></td>
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<tr>
<td>Gonorrhea</td>
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<td></td>
<td>ND/NEG</td>
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<tr>
<td>Chlamydia</td>
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<td>ND/NEG</td>
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<tr>
<td>RPR</td>
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<td>NR</td>
<td></td>
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<tr>
<td>West Nile Virus</td>
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<td></td>
<td>NR</td>
<td></td>
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</tbody>
</table>

• Male donor additional tests: (intended parent/embryo donor)

<table>
<thead>
<tr>
<th>Test</th>
<th>Reject (initials)</th>
<th>Accept (initials)</th>
<th>Results</th>
<th>Reference Range Normals</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTLV I &amp; II (male)</td>
<td></td>
<td></td>
<td>NR/NEG</td>
<td></td>
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<tr>
<td>CMV IGG/IGM</td>
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<td></td>
<td>NR</td>
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</tbody>
</table>

Key for results: NR—Non-reactive; ND—Not Detected; NEG—Negative

ALL COMMUNICABLE DISEASE TESTING WAS PERFORMED BY A LABORATORY CERTIFIED TO PERFORM SUCH TESTING UNDER THE CLIA AMENDMENTS OF 1988 AND CFR PART 493.

• Reviewed: ___________________________ Date: ______

Physician Signature
3. Pre-transfer Verification of Results/Donor Eligibility Determination

- Screening Date: _____________________ (Form 001-A & 001-D)
  (includes review of relevant medical records)
- Physical Assessment Date: _________________ (Form 001-B & 001-D)
- Testing Date(s): ________________________ (Attach laboratory reports)
- Oocyte Retrieval Date: ___________ Within 30 day window? Yes□ No□
- Sperm Retrieval Date: ____________ Within 7 day window? Yes□ No□

DONOR ELIGIBILITY DETERMINATION: This donor is:

□ ELIGIBLE  □ INELIGIBLE*  □ ELIGIBILITY PENDING**

Following retrieval of HCTP’s for which this eligibility determination is being made and prior to insemination or cryopreservation procedure, the following statement of donor eligibility is made: We have reviewed the results of serological screening of this patient and have reviewed medical history for RCDADs. Based on the results of donor screening in accordance with Sec 1271.50 and donor testing in accordance with Sec. 1271.80 and Sec. 1271.85, we, as responsible persons, being appropriately trained and qualified (as defined under Sec. 1271.3(t)), determine and hereby document the eligibility of this provider of reproductive cells for the current assisted reproductive treatment (ART) cycle.

Reviewed by:

Physician Signature      Embryologist Signature

*If donor determined to be ineligible but is a directed donor (ONLY), has the physician justified transfer of the ineligible HCTP’s and explained the risks and potential consequences to the recipient? Yes□ No□

If YES, please document the justification:

If NO, will the ineligible HCTP’s be transferred? Yes□ No□

Please explain why HCTP’s are being transferred without appropriate explanation to the recipient:

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

* * * Explain reason that the eligibility determination for this donor is not complete:

It has a quarantine label advising that the HCTP’s are potentially infectious applied to all documents, incubators and other related laboratory equipment that may contain hazardous HCTP’s been applied? Yes□ No□

Explain resolution of eligibility determination including date and time as well as any ongoing quarantine procedures (or discontinuance of such):

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

Embryologist Signature     Date

Quality review performed by (initials)     Date

Written:  05/01/07
Revised:  04/14/08
Revised:  11/05/08
Revised:  02/22/10
Revised:  07/02/12
Form 001-C
Page 2 of 2
BODY MAPPING
TATTOO/BODY PIERCING ASSESSMENT FORM

Apply patient ID label here

☐ Baseline body marking assessment

☐ This is a follow-up assessment and has been compared to previous exam of:

*Identify the location of any tattoo(s) on the diagram with the letter “T”.

*Identify the location of any piercing(s) on the diagram with the letter “P”.

*The number provided following the “T” or “P” for each marking should be in sequential order beginning with #1.

*Using the space below, briefly describe the individual markings in terms that identify it from other markings on the body.

*Provide the date of each marking(s) procedure.

T-1 ____________ P-1 ____________
T-2 ____________ P-2 ____________
T-3 ____________ P-3 ____________
T-4 ____________ P-4 ____________
T-5 ____________ P-5 ____________
T-6 ____________ P-6 ____________
T-7 ____________ P-7 ____________
T-8 ____________ P-8 ____________
T-9 ____________ P-9 ____________
T-10 ____________ P-10 ____________

Signature of Examiner

Written 07/02/12
Form 001-D
Page 1 of 1
Data Safety Monitoring Minutes

<table>
<thead>
<tr>
<th>Date</th>
<th>Staff Present</th>
<th>Enrollment Issues</th>
<th>Unanticipated Problems/Adverse Events</th>
<th>Confidentiality Issues</th>
<th>Data Issues</th>
<th>Comments</th>
<th>PI Initials</th>
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</table>

Version 7/30/14
ADVERSE EVENT EVALUATION

IRB#: ____________________________________________________________
Date of review:_____________________________________________________
Subject ID:_________________________________________________________
Diagnosis:__________________________________________________________
Subject DOB:__________________________Age__________________________
Date of Procedure:__________Procedure:______________________________
Adverse effect:  YES    NO
Describe adverse effect:

Was the adverse effect an unanticipated problem?    YES    NO

What caused the adverse effect?

Is the adverse event related or possibly related to participation in the research? YES    NO

Does the adverse effect suggest that the research places subjects or others at greater risk or harm than was previously known or recognized?

Treatment?

Serious adverse events (eg. Hospitalization) and unanticipated adverse effects are to be reported to sponsor and IRB within 10 working days after becoming aware of the event.

Please forward a copy of enrollment form to Kathrin Gassei, Program Coordinator, (gasseik@upmc.edu)
Phone: 412-641-2700.
Testicular Tissue Cryopreservation Study - Follow-up Call Script

Subject Name: ______________________________ Date of Birth: __________________

Research ID Number: ________________________ Date of Interview: __________________

*Note for patients under the age of 18:
○ Survey is completed with the patient’s parent/legal guardian
○ If the patient has not yet reached puberty, mark question as “N/A”

If Applicable, name of patient’s parent/legal guardian: _______________________________

Interviewer: “Hi (patient’s/parent’s name). This is (your name) from (your institution). I am calling to ask you about the clinical tissue that you had frozen at the University of Pittsburgh. I would like to ask you to complete a 5-10 minute telephone survey to update your contact and health information and to ask you for some extra information for our research. Your participation in this survey is completely voluntary. This means that you do not have to participate in this survey unless you want to. You may end the phone conversation at any point in time. There is a small chance that some of the questions may make you feel uncomfortable. You do not have to answer those questions if you do not want to. All the information I receive from you by phone will be strictly confidential. Would you be willing to participate?”*

Participant: “Yes.”

Interviewer: “Thank you. I’d like to start by updating your contact information.”

1. “Is there another phone number that you prefer we call?”
   __________________________________________________________________________

2. “Can you verify your home address?”
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. “Is there an email address that we can have on file?”
   __________________________________________________________________________

Interviewer: “Thank you for updating your contact information. May I proceed with the survey now?”

4. “Do you have any questions?”
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Go to Question 5.
OR

**Participant:** “No.”
**Interviewer:** “Is there a better time that I can call back?”

*NOTE: Answers to questions 1-4 should be stored separately from the answers to the questions below to protect subject confidentiality. Please store pages 1-2 separately from those that follow.*

*If the patient is deceased, please begin with Question 5 on the next page*
5. **Participant**: “The patient is deceased.”

**Interviewer**: “Was the patient’s tissue designated for research? How was the patient’s tissue allocated?”

________________________________________________________________________

**Interviewer**: Go to Question 19.

6. “What is your [son’s] diagnosis and scheduled treatment?”
   
   Diagnosis: __________________________________________________________________
   
   Treatment:
   - [ ] Chemotherapy ONLY
   - [ ] Chemotherapy + radiation
   - [ ] Radiation ONLY
   - [ ] Surgery ONLY
   - [ ] Surgery + chemotherapy
   - [ ] Surgery + chemotherapy + radiation
   - [ ] Bone marrow transplant
   - [ ] Stem cell transplant
   - [ ] Other (specify): __________________________________________________________

7. “Have you [Has your son] finished your [his] treatment yet?”
   - [ ] Yes  [ ] No

8. Have you [has your son] been diagnosed with any other disease or condition since you [he] stored tissue here?
   - [ ] Yes  [ ] No

*If no, Interviewer* go to question 10.

9. “What is your [son’s] diagnosis and scheduled treatment?”
   
   Diagnosis: __________________________________________________________________
   
   Dates of diagnosis and treatment: _______________________________________________
   
   Treatment:
   - [ ] Chemotherapy ONLY
   - [ ] Chemotherapy + radiation
   - [ ] Radiation ONLY
   - [ ] Surgery ONLY
   - [ ] Surgery + chemotherapy
   - [ ] Surgery + chemotherapy + radiation
   - [ ] Bone marrow transplant
   - [ ] Stem cell transplant
   - [ ] Other (specify): __________________________________________________________
10. “How would you describe your [son’s] current health?”

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

**Interviewer:** For Adult subjects, go to question 13.

11. “Has your son started puberty?”

☐ Yes  ☐ No  ☐ N/A

12. “Has your son’s pediatrician told you anything about his growth and development?”

☐ Yes  ☐ No  ☐ N/A

   a. “If so, what were you told about your son’s growth and development?”

________________________________________________________________________
________________________________________________________________________

13. “Have you [Has your son] tried to get your [his] pregnant since treatment stopped?”

☐ Yes  ☐ No  ☐ N/A

14. “Are you [Is your son] actively trying to get your [his] partner pregnant now?”

☐ Yes  ☐ No  ☐ N/A

15. “Is your [Is your son’s] partner currently pregnant?”

☐ Yes  ☐ No  ☐ N/A

16. “Has your [Has your son’s] partner been pregnant since you [he] started treatment?”

☐ Yes  ☐ No  ☐ N/A

17. “Do you [Does your son] anticipate using your [his] stored tissue in the future?”

☐ Yes  ☐ No  ☐ N/A

   a. If NO, “why not?” _________________________________________________________
___________________________________________________________________________

18. “Do you [Does your son] know how to use/access your [his] tissue?”

☐ Yes  ☐ No  ☐ N/A

   a. “If you [your son] wanted to access your [his] tissue, how would you [he] proceed?”

________________________________________________________________________
________________________________________________________________________
19. Your [your son’s] tissue was initially shipped to Reprotech, Ltd for long-term storage.
   a. “Is your [your son’s] tissue still stored at Reprotech?”
      □ Yes □ No □ N/A
   b. “How has your interaction been with Reprotech?”
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________

20. “Although I cannot give you specific information on your [son’s] tissue, would you like to
    have information about the research?”
    □ Yes → Give website or email website to participant
    □ No

21. “Now that you’ve had some time to think about your decision, how are you feeling
    about the decision to store tissue?”
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

22. “What would you recommend to a friend who was diagnosed with cancer and
    concerned about preserving his fertility?”
    □ Store tissue
    □ Do not store tissue
    □ Don’t know

23. “Is there anything else I can help you with?”
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

**Interviewer:** Thank you for completing this survey. I appreciate you taking the time to
answer my questions. I would like to contact you in one year, and annually after that, to
repeat this survey. Is that acceptable to you?
    □ Yes □ No
Dear Client Depositor,

ReproTech, Ltd. (RTL) is pleased to have been selected by the Center for Fertility & Reproductive Endocrinology as the facility to assume the storage responsibilities of your cryopreserved testicular tissue. ReproTech, Ltd. is licensed by the New York State Department of Health, the State of California Department of Health Services and accredited by the American Association of Tissue Banks. Our staff will provide you with the highest level of experience and professionalism to service your needs.

Our annual storage fee is $275. You also have the option of paying quarterly or at our multi-year rates. The transfer fee to ship a tank from your clinic to RTL is $215. RTL offers a financial assistance program (Verna’s Purse) for clients who are experiencing financial hardship. If you are approved for the program, the annual fee will be reduced to $75 and the transfer fee per shipping tank will be reduced to $95. You will need to re-apply for this assistance each year. **Fees for the first storage period, transportation, and any optional insurance you elect to purchase must be prepaid before your specimens can be transferred to RTL for storage.**

Please complete the following forms:

A. **Client Depositor Registration;**
   This form gives us information about you, the Client Depositor. On this form, you will choose a method of paying your annual storage fee and transfer fee. Regardless of the method chosen, this form needs a signature on the bottom, indicating that you accept and understand our billing policy.

B. **Testicular Tissue Cryostorage Agreement;**
   Please read this agreement carefully. Please select one disposition option and sign and date your choice. Then print and sign your name to acknowledge the terms of the agreement.

C. **Medical History;** Please complete and sign this form.

D. **Specimen Transfer To RTL And Medical Data Release Authorization;**
   Please read this 3 page document carefully. On this Authorization, you will initial to elect or decline to purchase shipping insurance. You will also initial to instruct us to use one or two shipping tanks for the shipment. The regular transfer fee rate is $215 for one tank or $430 for two tanks. Shipping insurance is assessed per tank. Please include your cryobank’s information. You will complete the form by signing and providing your contact information.

**Please note: If the Client Depositor is under 18 years of age, a parent or guardian must complete and sign these forms.**

Prior to transfer, RTL requires evidence of your serology for Anti-HIV-1/2(AIDS). These testing results will be provided by your clinic.

In compliance with AATB Standards and RTL policies, the following tests must be completed and the results forwarded to RTL **prior to release** of your testicular tissue for your use in the future: Anti-HIV-1/2, HBsAg, and HCV.

Please call RTL at 888-489-8944 or email me if you have any questions or visit our website at www.reprotech.com. We will notify you via mail once the transfer has occurred and your testicular tissue is in storage at ReproTech, Ltd.

Sincerely,

Lea Wilcox
lwilcox@reprotech.com

**The Cryostorage & Compliance Experts**

NV 888.831.2765 • MN 888.489.8944 • FL 888.953.9669 • TX 888.350.3247
TESTICULAR TISSUE (UNDER 18 YEARS OLD) 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.reprotech.com), the Company shall receive the Client Depositor's testicular tissue, 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.reprotech.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 60th 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
   (4) if the Client Depositor dies, as established by evidence deemed sufficient by the Company.

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 testicular tissue. The Client Depositor acknowledges that he understands that the viability of the testicular tissue and the results from subsequent use 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 testicular tissue 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 testicular tissue 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 testicular tissue 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 TESTICULAR TISSUE SPECIMENS FROM STORAGE DURING LIFETIME OF CLIENT DEPOSITOR

Release of testicular tissue 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.
8. ADVANCED DIRECTIVES FOR TESTICULAR TISSUE SPECIMENS IN EVENT OF DEATH OF CLIENT DEPOSITOR

When the Client Depositor is an adult and/or marries, ReproTech, Ltd. strongly recommends completing a new semen/Testicular Tissue Cryostorage Agreement including the Advanced Directives Section.

In the event of the death of the Client Depositor: The client depositor directs upon his death, as established by evidence deemed sufficient by the company, the following disposition for his testicular tissue specimens:,

Choose one of the following by marking your choice with a check and signing and dating below your choice.

☐ A. The Client Depositor directs that his testicular tissue specimens shall be donated to Magee-Womens Hospital for research.

Client Depositor Signature ___________________________ Date ______________

- OR -

☐ B. The Client Depositor directs that his testicular tissue specimens be discarded.

Client Depositor Signature ___________________________ Date ______________

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT. I ACKNOWLEDGE THAT I FURTHER UNDERSTAND THAT MY CRYOPRESERVED SPECIMENS CANNOT BE USED IN THE EVENT OF MY DEATH UNLESS ALL CONDITIONS IN SECTION 7, CONDITIONS OF RELEASE, AND SECTION 8, ADVANCED DIRECTIVES, ARE COMPLETED.

By: ___________________________ Signature of Client Depositor ___________________________ Date ______________

Client Depositor Name (Print)

If the Client Depositor is a minor, a parent or guardian of the minor must sign below:

Name of Parent/Guardian, if applicable (Printed) ___________________________ Signature of Parent/Guardian, if applicable ___________________________ Date ______________

By: ___________________________ Account # assigned by RTL: ______________

ReproTech, Ltd. Representative Signature ___________________________ Date ______________

The Cryostorage & Compliance Experts
Florida 888.953.9669 • Minnesota 888.489.8944 • Nevada 888.831.2765 • Texas 888.350.3247

AT ACQ 100 Testicular Tissue (Under 18 Years Old) Cryostorage Agreement Release Date: 03/19/2015
Revision: B Page 2 of 2 Effective Date: 03/19/2015
TREATMENT HISTORY

All information is REQUIRED, where applicable

Name: ___________________________ Account: ____________

Clinical Diagnosis: ____________________________

Referring Physician (i.e. Oncologist, Urologist) who referred you for cryobanking:
Name: ___________________________ Clinic Name: ___________________________
Address: _____________________________________________________________
Phone #: ___________________________________________________________

Reason for Semen/Testicular Tissue Cryobanking  (Please check the applicable selections.)

____ Pre-vasectomy  ____ Pre-Radiation Therapy  ____ IVF Backup
____ Post-vasectomy  ____ Pre-Surgery  ____ Donation
____ Pre-Chemotherapy  ____ Pre-Chemotherapy  ____ Use by a Friend
____ Between Treatments  ____ Use by a Surrogate  ____ Use by a Gestational Carrier
____ Military Service/Deployment  ____ Other, Please specify___________
____ Other (Hazardous chemicals, etc.), Please specify____________________

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

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Past</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vasectomy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
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<td></td>
</tr>
</tbody>
</table>

Fertility History:
Number of pregnancies: ______  Number of live births: ______

Comments: ________________________________________________________

Your signature below acknowledges that the semen/testicular tissue 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: ________________________________________
REGISTRATION

PATIENT INFORMATION

RTL Account # (assigned by RTL staff)

Name ____________________________ Date of Birth ______________ SS# ____________________

Address __________________________ Street __________ City ___________________ State __________ Zip ____________________

Home Phone ( ) ____________________ Partner’s SSN ____________________

Name of Partner (if applicable) __________________________ Cell Phone Number(s) __________ Email Address ____________________

Work Phone ( ) ____________________

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 ____________________________ Relationship to patient __________________________ 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/TESTICULAR TISSUE 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: ____________________________
SPECIMEN TRANSFER TO RTL AND MEDICAL DATA RELEASE AUTHORIZATION - COURIER

The undersigned client depositor(s) request(s) the transfer of his/her reproductive tissue specimens to ReproTech Ltd. (RTL) from the physician/clinic/facility listed below in accordance with RTL’s current policies and procedures. It is understood that the facility acknowledges this request and will assist in the transfer of the reproductive tissue specimens. Furthermore it is recognized by the client depositor(s) that events beyond the control of RTL and the facility may occur during transfer and it is understood by all parties that neither the facility nor RTL are responsible for any losses in connection with or related to the shipment of the reproductive tissue specimens.

I (we) hereby authorize the transfer of my (our) reproductive tissue specimens from the facility to RTL for continued long term storage.

I (we) understand that RTL and the facility cannot verify, nor guarantee, the viability of the transferred reproductive tissue specimens being placed into long term storage at RTL.

I (we) agree to hold RTL harmless for any claims for damage to the reproductive tissue specimens arising from acts or omissions prior to RTL’s possession of such specimens.

I (we) agree that RTL shall not be liable for errors, including, specimen labeling errors, which occur prior to RTL’s acceptance of the specimens for storage.

I (we) have read and understand the policies above and hereby authorize the facility to release my (our) reproductive tissue specimens to the RTL.

I (we) authorize the facility to release to RTL medical data, including but not limited to: Personal biographical data, serology/virology testing data and specimen 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).

Type of tissue to be transferred to RTL for continued storage
Mark which type(s) of reproductive tissue(s) you want to be transferred to RTL for continued storage:

___ Embryo ___ Sperm ___ Testicular Tissue ___ Oocytes ___ Ovarian Tissue ___ Endometrial Tissue

___ Donor Embryo ___ Donor Semen ___ Donor Eggs ___ Other: ____________________________

Client Deppositor Name(s) ________________________________

Client depositories have several options to mitigate the risks inherent in the shipment of reproductive tissue, including the use of two shipping tanks and the purchase of optional shipping insurance. The majority of shipments are sent by UPS. We understand that UPS provides a limit of $100 of insurance for the contents of each shipment of human reproductive tissue. We have reviewed the optional Specimen Shipping Insurance information (page 3) and have selected to:

Insurance: Choose one of these three options by initialing next to your choice

___ /___ I/We understand and accept that without the purchase of additional insurance, coverage for transfers is limited to a maximum of $100 (UPS) and that other courier services may provide no insurance coverage at all. We decline to purchase additional insurance.

___ /___ TIER 1: Purchase insurance at the $15,000 level as described on page 3 at the cost of $19.50. I/We understand that this insurance is for actual replacement costs up to $15,000 and that it only insures the tissue against loss or loss of integrity due to an event that occurs during the shipment. I/We understand that payment for the insurance must be made in advance of the shipment for the insurance to be in effect.

___ /___ TIER 2: Purchase insurance at the $25,000 level as described on page 3 and at the cost of $32.50. I/We understand that this insurance is for actual replacement costs up to $25,000 and that it only insures the tissue against loss or loss of integrity due to an event that occurs during the shipment. I/We understand that payment for the insurance must be made in advance of the shipment for the insurance to be in effect.
Tanks: Choose one of these two options by initialing next to your choice

\[ \checkmark \] I/We are requesting that our reproductive tissue specimens be divided into two shipping tanks for additional safety during shipping and understand that the additional cost of providing services by the way of two shipping tanks is an additional shipping fee of $215.00. This option is only available if the reproductive tissue specimens are cryopreserved in more than one container.

\[ \checkmark \] I/We have declined the use of two shipping tanks and accept the potential risk of using only one shipping tank.

I (we) have read and understand the policies and optional fees on page 1 and hereby authorize the cryobank listed below to release my (our) specimens to ReproTech Ltd.

Cryobank/Physician
Address: 
Telephone: 

Name (Printed): 

Signature(s): 

Address: 

Telephone: 

If the Client Depositor above is a minor, a parent or guardian of the minor must sign below:

Signature of the Parent or Guardian, if applicable

For clinic/cryobank use

We the undersigned cryobank/clinic agree to release to ReproTech, Ltd the reproductive tissue and medical data, including but not limited to: personal biographical/medical data.

Signatures: 

Cryobank/Physician
Address: 
Telephone:

ReproTech, Ltd.

The Cryostorage & Compliance Experts
Florida 888.953.9669 • Minnesota 888.489.8944 • Nevada 888.831.2765 • Texas 888.350.3247

AU ACQ 100
Revision: E
Specimen Transfer to RTL and Medical Data Release Authorization – Courier
Page 2 of 3
Release Date: 03/19/2015
Effective Date: 03/19/2015
IMA, a premier insurance broker in the United States, has developed a shipping insurance program exclusively available to clients of ReproTech, Limited, a leader in long term storage of reproductive tissues. While every precaution and effort is taken to ensure safe and timely delivery of specimens, shipping accidents can happen. Specimen Shipping Insurance provides an inexpensive insurance solution to help minimize the financial impact of an adverse event during shipping.

The following coverage options are available if selected at the time of Specimen Transfer Authorization:

**Tier 1:**
- **Semen Account** - Coverage will pay expenses associated with a replacement cycle or a Testicular Sperm Extraction (TESE) procedure up to a total cost not to exceed $15,000. Charge $19.50.
- **Oocyte Account** - Coverage will pay expenses associated with a replacement cycle or for an IVF cycle up to a total cost not to exceed $15,000. Charge $19.50.
- **Embryo account** - Coverage will pay expenses associated with a replacement cycle or for an IVF cycle up to a total cost not to exceed $15,000. Charge $19.50.
- **Donor Semen Account** - Coverage will pay expenses associated with a replacement cycle including replacement cost of the donor sperm up to a total actual cost not to exceed $15,000. Charge $19.50.

*Fairway, IMA or ReproTech cannot verify, nor guarantee, the viability of the specimens being shipped.

**Tier 2:**
- **Embryo or Semen account** - Coverage will pay for Testicular Sperm Extraction (TESE) procedure and a replacement IVF cycle up to a total cost not to exceed $25,000. Charge $32.50.
- **Donor Oocyte Account** - Coverage will pay expenses associated with a replacement cycle including replacement cost of the donor eggs up to a total cost not to exceed $25,000. Charge $32.50.
- **Embryo account** - Coverage will pay for a replacement IVF cycle including donor egg expenses up to a total cost not to exceed $25,000. Charge $32.50.

IMA identifies, manages and mitigates the most challenging risk management & insurance problems in your industry. This is accomplished by understanding your industry and ultimately making your organization a better risk while saving you premium dollars. IMA accomplishes this through:

- HCT/Ps Industry Focus & Expertise
- Exposure Evaluation & Risk Transfer Strategies
- Customized Loss Control & Claims Management Services
- Contractual Risk Transfer Analysis
- Insurance, Risk Management & Employee Benefits

IMA offers an exclusive program, HCT/Ps Risk Solutions Alliance, that provides a unique one-stop solution for your insurance and risk management needs. Tapping into these resources allows your business to not only realize savings in premium dollars but gain access to invaluable regulatory expertise and enhanced coverages custom designed for reproductive facilities.

Mark Ware - Director of Client Services
303-615-7805 / 1-800-813-0203
mark.ware@imacorp.com
www.imacorp.com

Dallas | Denver | Kansas City | Topeka | Wichita

CA: IMA of Colorado, Inc., dba IMA of Colorado Insurance Services Inc. (RDC012) | IMA of Texas, Inc., dba IMA of Texas Insurance Services Inc. (RTO14) 15 | IMA of Kansas, Inc., dba IMA of Kansas Insurance Services Inc. (RKO014)

Release Date: 03/19/2015
Effective Date: 03/19/2015
ADDITION TO SEMEN CRYOSTORAGE AGREEMENT
(I Infectious Disease)

WHEREAS, the person named below (the “Client Depositor”) has entered into a Semen Cryostorage Agreement for the cryostorage of semen by ReproTech Limited and

WHEREAS, certain additional terms apply to the storage of specimens from potentially infectious clients

WHEREFORE, the undersigned agrees that the following terms and conditions apply in addition to those set forth in Semen Cryostorage Agreement:

1. The storage of specimens from potentially infectious clients (clients for whom testing show a potential for an infectious disease) requires certain additional safeguards and procedures. The undersigned understands and agrees that his specimens will be stored in a separate vapor storage tank which is designated for potentially infectious specimens only.
   a. Specimens from Client Depositors who have tested reactive for HIV will be stored in an HIV Only storage tank
   b. Specimens from Client Depositors with non-HIV potentially infectious conditions may be stored in a separate non-HIV tank and their specimens will be physically segregated by use of disease specific canisters.

2. While specimens are normally divided for storage between two tanks (in order to reduce the risk of loss in the event one tank is destroyed), specimens from potentially infectious clients will all be stored in one tank.

3. The undersigned further understands that because of additional required precautions, storage fees and shipping fees will be higher than the fees charged to clients who are not potentially infectious. The undersigned acknowledges receipt of a fee schedule showing presently applicable fees.

4. The undersigned understands that unless other arrangements at increased cost are requested, specimens will be shipped to and from RTL using only one shipping tank (rather than the procedure for non-infectious specimens which split the shipments between two tanks to minimize the risk of loss).

5. The undersigned further understand that the shipping fees must be pre-paid by the Client Depositor prior to the shipment of the tank to the clinic and that the shipping fees are non-refundable.

6. The undersigned further understands that results of any testing for infectious diseases will be disclosed to the receiving physician and the recipient (spouse or sexually intimate partner) as part of an informed consent procedure before the specimens are used.

By: ____________________________  ____________________________  ____________________________
   Client Depositor Name           (Print)                Client Depositor Signature            Date

If the Client Depositor is a minor, a parent or guardian of the minor must sign below:

By: ____________________________  ____________________________
   Name of Parent/Guardian, if applicable (Printed)           Signature of Parent/Guardian, if applicable                         Date

By: ____________________________  ____________________________
   ReproTech, Ltd. Representative            Date

The Cryostorage & Compliance Experts
Florida 888.953.9669  •  Minnesota 888.489.8944  •  Nevada 888.831.2765  •  Texas 888.350.3247

J ACQ 100  Addendum to Semen Cryostorage Agreement  Release Date: 03/19/2015
Revision: S                                      Page 1 of 1               Effective Date: 03/19/2015
# FEE SCHEDULE

<table>
<thead>
<tr>
<th>STORAGE FEES</th>
<th>Standard</th>
<th>Potentially Infectious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sperm, Egg (Oocyte) or Ovarian Tissue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarterly</td>
<td>$75</td>
<td>$113</td>
</tr>
<tr>
<td>1 Year</td>
<td>$275</td>
<td>$413</td>
</tr>
<tr>
<td>2 Years</td>
<td>$500</td>
<td>$735</td>
</tr>
<tr>
<td>3 Years</td>
<td>$705</td>
<td>$1058</td>
</tr>
<tr>
<td>5 Years</td>
<td>$1050</td>
<td>$1575</td>
</tr>
<tr>
<td>10 Years</td>
<td>$1905</td>
<td>$2858</td>
</tr>
</tbody>
</table>

ReproTech Ltd. does not charge a storage fee for semen or oocytes when a client is storing embryos.

<table>
<thead>
<tr>
<th>Embryo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly</td>
</tr>
<tr>
<td>1 Year</td>
</tr>
<tr>
<td>2 Years</td>
</tr>
<tr>
<td>3 Years</td>
</tr>
<tr>
<td>5 Years</td>
</tr>
<tr>
<td>10 Years</td>
</tr>
</tbody>
</table>

Call to obtain fees for additional storage periods.

### ADMINISTRATIVE

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Setup Fee</td>
<td>No Charge</td>
</tr>
<tr>
<td>Handling Fee</td>
<td>No Charge</td>
</tr>
<tr>
<td>Late Fee (applied accessory to storage fees)</td>
<td>$10</td>
</tr>
</tbody>
</table>

### SHIPPIING

<table>
<thead>
<tr>
<th>Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Medical Courier*</td>
<td>$75–125</td>
</tr>
<tr>
<td>Domestic Overnight Air Courier</td>
<td>$250</td>
</tr>
</tbody>
</table>

*Available within metro area of each RTL Office.

### MULTIPLE CLINIC TRANSFERS

<table>
<thead>
<tr>
<th>Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Only</td>
<td>$650</td>
</tr>
</tbody>
</table>

Optional Shipping Insurance provided through IMA**

<table>
<thead>
<tr>
<th>Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$15,000 to $25,000 coverage</td>
<td>$19.50–$32.50</td>
</tr>
</tbody>
</table>

**Call for details regarding coverage for specimen loss.

Shipping Fee may be reduced if clinic arranges for group shipments from clinic to RTL.

---

The primary fear of my patients is that embryos could get mixed up or that a problem may occur during shipping. I have full confidence in ReproTech to keep paperwork organized and accurate, keep embryos well categorized and keep the embryos completely safe during transport. That gives my patients confidence as well.”

— Rondle Carffman, M.D., Ph.D.

We store embryos for one year and then transfer everything to ReproTech. This process gives me great peace of mind because ReproTech is now keeping track of patients' records and is responsible for the final disposition of the embryos. And they do a terrific job at it, freeing me of the emotional, ethical and potential legal concerns.

— Nel Roberts, Lab Supervisor

Since ReproTech works directly with our clients and their long-term storage needs, it's important that they represent themselves extremely well. ReproTech has proven they have a higher standard in this than we would ask of ourselves. They have shown me through their organizational practices that they can be trusted. They have an established protocol for semen or embryo transfer that never varies. The same is true for documentation. Everything is tightly controlled. Deliveries are scheduled well in advance and always on time.

ReproTech has done an excellent job for us and I strongly recommend anyone needing long-term storage to trust the process to ReproTech.

— Klaus E. Weimer, Ph.D.

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Nevada • 1-888-831-2765

Texas • 1-888-350-3247

www.reprotech.com

01/13
STORAGE MANAGEMENT FOR IVF CENTERS

Many IVF clinics agree to store their patients’ specimens for a short time (one year or less), thereby reducing the need to buy additional storage tanks and protect themselves from the liability for specimens of non-active patients. At the end of that time, patients are required to decide whether to continue with long-term storage, to use their gametes and/or embryos, donate or dispose of them. Specimens from patients choosing to continue storage are transferred to RTL.

TESTING REQUIREMENTS

RTL accepts specimens from individuals who have tested non-reactive for Anti-HIV (1&2) and charges standard storage rates. Specimens will be accepted without this testing, however those specimens will be stored at Potentially Infectious rates and segregated accordingly.

POSSIBLY INFECTIOUS SPECIMEN STORAGE

RTL provides storage services for patients who have tested positive for sexually transmitted diseases such as HIV, Hepatitis B, Hepatitis C, HTLV 1&2, syphilis or other communicable diseases. We provide separate shipping and storage tanks that are used exclusively for Potentially Infectious Specimens.

TRANSFERS OF SPECIMENS

Specimens are transferred in validated nitrogen shipping tanks which are placed within customized locking shipping containers for transport via overnight courier. Due to the valuable nature of the specimen and for added safety, RTL recommends the use of two transfer shippers to split the shipment. RTL handles the arrangements for the transfer and prepares the necessary shipping paperwork. Documentation verifying transfer of specimens follows each shipment.

We use temperature exposure indicators, which monitor the vapor shipper environment throughout shipping to ensure the successful transfer of specimens. RTL recommends the purchase of shipping insurance which is available through IMA, as the policy coverage will pay expenses associated with a replacement procedure.

WITHDRAWAL OF SPECIMENS

Patients may have their specimens withdrawn at any time with the consent of a licensed physician or dentist. Before release of specimens from RTL to the patient’s clinician, industry standards/regulations require the patient complete the following serology/virology testing: HBeAg and Anti-HEV, in addition to Anti-HIV 1&2 and/or a Special Circumstance Release.

Specimens are then transported to the requesting physician with a nominal charge. Optional shipping insurance is available.

DISPOSITION OPTIONS FOR EMBRYOS

Three options are available for the final disposition of embryos: anonymous or directed donation to another recipient, donation for research, (stem cell, embryo development, etc.) or patients may choose to discard them. Donation options depend on specimen quality and/or donor screening/testing results as well as the ability of research facilities to accept embryos. RTL requires documentation of final disposition, including notarized signatures of our patients.

SAFETY

RTL is also a leader in developing industry standard storage protocols and documentation. As a long-term storage specialist, we’ve gone well beyond the industry standards in creating safeguards to ensure the safety and accuracy of the tissues entrusted to us. RTL maintains documentation of effective specimen transfer using quality control measures. AATB and NY State inspections have confirmed the effectiveness of RTL’s procedures for specimen transfer and storage.

RTL uses state of the art storage tanks, which are replenished regularly with liquid nitrogen to maintain temperatures. Each tank is monitored 24/7 with sophisticated systems capable of detecting temperature variations as slight as .01 degrees Celsius. Our offices are strategically located around the United States in areas that are lower in risk for natural disasters, while providing clients convenient access to storage. RTL’s Florida facility is the only storage facility in the country to install a Category 5 Hurricane shelter for the safe keeping of client specimens. This shelter houses the cryostorage tanks and is designed to withstand the strongest storms seen in this country and more.

CREDENTIALS

RTL has been at the forefront of the reproductive cryobanking industry since our inception. We are proud to have played a leadership role in the development and furtherance of an industry. We are proud to have played a leadership role in the development and furtherance of an industry that brings hope to so many.

• Established in 1990 as a long-term storage facility
• Inspected and Licensed by the New York State Department of Health
• Inspected and Accredited by the American Association of Tissue Banks (AATB)
• Licensed by the California State Department of Health
• Member of the American Society of Reproductive Medicine
• Facilities located in Florida, Minnesota, Nevada and Texas, staffed by experienced personnel

* Not all states share the same credentials. Visit our website for details.

Visit our website www.reprotech.com for a complete list of services and fees.