

Phone (602) 343-2767 ■ Fax (602) 343-2766

□ 1701 East Thomas Road, Building #1, Suite #101, Phoenix, AZ 85016

□ 2730 South Val Vista Drive, Building #5, Suite #128, Gilbert, AZ 85295

Shipping of Frozen Specimens

Steps for Transfer

- 1. Make sure patient's account is up to date prior to release of tissues.
- 2. Sign and notarize Transfer from ARMS and medical release forms. Give the original copies to ARMS prior to picking up specimen.
- 3. Notify the sending and receiving labs of the date and time of pickup/delivery.
- 4. Call ARMS to schedule pickup of tissues, giving at least a 48-hour notice.
- 5. Contact Cryoport IF hand carried shipping cannot occur.
 - a) Be sure to get insurance.
 - b) We will receive the tank, place the tissue into it and ship it to receiving lab.
- 6. Tissues sent from ARMS will include a Summary of Records (if donor eggs or donor sperm were used), FDA Labels, a summary of any disease testing or screening, a description of the containers and their contents, and a thaw protocol.

The patient must assume all responsibility and liability for the proper shipment of their tissue. ARMS will release the tissue to patients and it will be the patient's responsibility to see that these tissues are properly conveyed to their destination. ARMS recommends that these items be hand delivered by the patient. For some patients, this may not be feasible. In that case, the patient must realize that there are some risks that they will have to trade off for convenience. If the loss of these specimens involved substantial costs, or the value of these specimens is considered high due to their nature, then ARMS recommends that patients shipping tissue to other clinics take out insurance to cover all costs or damages should these specimens not arrive at their destination in perfect shape.

Because embryos and gametes are valuable, we must ensure that their transfer to another institution is well-executed. The following are important points:

- ✓ Transportation is best done by the patient so as to remove accidents that may be caused by couriers.
- ✓ Tanks need at least 48 hours prior to shipping to be prepared if using an ARMS tank. (includes a usage fee)
- ✓ Any fees are the responsibility of the patient. This includes shipping to return the tank.
- ✓ Transport should not occur during holidays or near the ends of the weeks (Thursday-Sunday).
- ✓ Always call the sending and receiving laboratories prior to picking up and dropping off embryos or gametes.
- ✓ It is the responsibility of the patient to pick up the tank and to ship it to the receiving clinic, unless using courier service.

ARMS recommends the use of Cryoport for shipping all tissue that cannot be hand carried by the patient. Cryoport provides a service that includes the tank and shipping. ARMS will try to facilitate the shipping of these tissues as much as possible, but it will be the patient's responsibility to see that they are done as safely and controlled as possible. Insurance is recommended and costs extra. It will also be necessary to fill out a registration form. These prices are subject to change by shipping company. Details can be found by calling Cryoport 1-949-470-2300 (mycryostork.com) Frozen oocytes, embryos, sperm and other tissue have traditionally been shipped between laboratories using shipping agents such as Federal Express and UPS. Although these systems have worked guite well in the past, the valuable nature of these tissues warrants a safer and more controlled method for shipping. Occasionally, specimens have been shipped to distant laboratories only to arrive damaged or thawed. Usually one of two items have occurred: 1) The tank has arrived without any liquid nitrogen, and due to the increased temperature, the tissues have thawed and are not useable or 2) the individual container that holds the tissue (usually a plastic vial or straw) has been damaged during shipping making it almost impossible to retrieve the tissue without damage or contamination. The most common culprits of a thawed specimen are: 1) Damaged tank during transport, breaking the vacuum and impairing the thermal properties of the tank 2) Improper shipping such that the tank is shipped upside down or lying down. This can result in a tank having 1/10th of its normal holding time. 3) The tank is not filled properly with liquid nitrogen or the time from filling to receipt exceeds the tank's holding time. Proper shipping of cryopreserved tissue is both time-consuming and costly. These costs can run into the thousands of dollars, especially if hand delivery via air is necessary. Because these specimens are valuable, ARMS recommends that all shipments are insured so as to cover any incurred expenses from the loss of the tissue should that occur. It is the responsibility of each patient to locate an insurer and to properly insure each shipment to their satisfaction.



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TRANSFER OF CRYOPRESERVED SPECIMENS FROM ARMS

	Date	Phone #	
I (We)		and (Partner, if applicat	ble),
request that our cryopreserv	ed specimens b	pe released from <u>Arizona Repr</u>	roductive Medicine Specialists to the agent for
			(receiving clinic).
in order to minimize the poss recommends that a new and We understand that we (clie to hold ARMS blameless for tissue due to mishandling, the inherent risks in shipping the risks and release Arizona Re accidental thawing, and deci	sibility that the sall tested shipper int) are responsion any damage or nawing of tissue ese specimens (eproductive Medreased viability	specimens are handled improp- be used for the shipping of all ible and liable for all negative of accidents to frozen tissues she, and failure or loss of the tank (such as loss of and/or thawing dicine Specialists of any liability of all shipped specimens. We to	elivered by the client to the receiving laboratory perly by a shipping agent. ARMS also valuable specimens. Dutcomes in processing and shipping. We agree hipped. This includes loss or destruction of the cortissues. We also understand that there are g of specimens) and we assume all of these y. We (client) assume the risks of damage, further realize that specimens frozen at one to differences in protocols, equipment and
a replacement dry shipper a understand that dry shippers	t market value s s may deteriorat educe the costs	should that shipper be lost, dar te or fail and we assume these s of shipping of frozen specime	n of that dry shipper and agree to pay the cost of maged or not returned after 10 days. We also e risks and hold ARMS blameless. We ens dry liquid nitrogen shippers are not tested for
inspected and tested shippe shipping for the value (replace Cryoport for shipping. Regar specimens. We also underst accurately as it is a function 1/10 th of the standard holding agents of clients for shipping the quality of the liquid nitrogethe quality of the liquid nitrogethe	r. We also under cement and any calless, the clien- cand that the arroof the handling g time. ARMS of g. ARMS will fill gen or the filling gen or shipper a	erstand that ARMS recommend y other costs) that these specin t assumes all risks inherent or nount of time these specimens of the container. Containers sl does not ship frozen specimens the nitrogen shippers if instruct process. The client holds ARM and holds ARMS blameless for	tissue we should purchase a new and recently ds that the client insure these specimens prior to mens have for the client and that the patient use otherwise in the transfer and shipping of these will stay frozen cannot be determined hipped on their side or upside down may have s, but will release these specimens to clients or sted to by the client, but ARMS does not warrant MS blameless from any untoward affect due to the loss of the tissue due either to g fee will be necessary for the shipment of
I have checked with the bipayments prior to transfer			Medicine Specialists that I do not owe any



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Address to be Shipped from:	1701 E Thomas Ro	oad Bldg 1 Suite 101 Phoenix, AZ 8	35016						
Name of Lab to be Shipped to	:								
Contact Name and Phone#:									
# of Vials to be Shipped: Content of Vials:									
Date Tissue Extracted (if know	vn):/	_/							
How to Ship? □ Patient Will	Hand Delivery	□Receiving Lab Will Ship □3 rd	Party Shipper						
	d a verbal verification	e presence of a notary and <u>notarize</u> on of one of the partners. <u>Payment imens.</u>							
Patient Information									
Name		Signature		Date					
Date of Birth	Social Se	ecurity #	Phone #						
Address									
	Complete <u>Partner</u>	below if this applies to embryos	where there is .	IOINT					
Partner Information (if applica	ble)								
Name		Signature		Date					
Date of Birth	Social Secu	rity #	Phone #						
			•						
		ARMS Witness							
Name (print)		Signature		Date					
Complete next page ONLY if n	otarizing								



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County of		_		
			,, I officer, personally appeared	
known to me (or			e name is subscribed to the w	
	-	reof, I hereunto set my	he purposes therein containe hand and official seal.	u.
		Notary Public	;	