

## Agreement to Participate in LIVESTRONG's Sharing Hope Program for Men

Dear Sharing Hope Partner,

Thank you for agreeing to participate in LIVE**STRONG**'s "Sharing Hope" program (the "Program"). Made possible though the generous participation of fertility centers and cryobanks such as your clinic (the "Participants"), the Program helps defray the costs of fertility preservation for qualified male cancer patients (the "Patients").

The Participant agrees to accept Patients approved by LIVE**STRONG** through the Program and to charge the Patients the discounted rate noted below for the services outlined below. You may determine to suspend acceptance of new Patients in the event that your center closes, a procedure offered in this agreement is no longer available or you are no longer able to support the cost of providing a discount. You agree to advise LIVE**STRONG** as soon as possible of such determination so that LIVE**STRONG** will not refer new Patients to you during the period in which you have suspended acceptance of new Patients.

In order to ensure success of the Program and fair rates to Patients, we have recommended guidelines for establishing reduced rates, which can be found in the Sharing Hope Program for Men Manual and FAQs at www.livestrong.org/What-We-Do/Our-Actions/Professional-Tools-Training/For-Health-Care-Professionals/Sharing-Hope.

## **Outline of Rates and Services**

Sperm Cryopreservation

The Participant will provide sperm banking services at the following discounted rate agreed upon by the Participant and LIVE**STRONG**:

	Normal Rate:	Sharing Hope Discounted Rate:
First Specimen	\$	\$
Additional Specimens		
within 30 days	\$	\$

The following sperm banking services are included in the discounted rate outlined above:

Services (Please provide quantity where requested)	Included in Rate (Plea	ase check yes or no)
Consultations (Quantity:)	Yes	No
Lab work	Yes	No
One onsite specimen collection	*Requ	uired
Processing and analysis of specimens	*Requ	uired
Freezing	*Requ	uired
One year of storage	Yes	No
Additional years of storage after one year (Quantity:)	Yes	No

If applicable, please list any ancillary services (i.e. doctor's fees) that may also be included in your discounted rate for sperm banking:

If the Participant has multiple locations that will provide the same discounted rates stated above, the Participant must make these locations known by noting all locations, their address and contact information for the *individual to receive Sharing Hope applicant communication* from LIVE**STRONG** in the space provided below or in an attachment. If any location has different costs or procedures offered than noted above, a separate agreement must be completed for that location.

Location Address	Contact Name	Contact Phone	Contact Email

## **General**

This agreement is in effect for the entirety of a calendar year, effective the date of counter-signature by LIVE**STRONG**. You will be offered the opportunity at the end of each calendar year to confirm continued participation in the Program under the terms of the most recently executed agreement. If discounted rates need to be adjusted at this time due to increased fees, a new agreement will need to be executed for new fees to be implemented.

In the event of any change in the terms of your participation in the Program, you agree to promptly inform LIVE**STRONG** in writing of any such change within 30 days, <u>provided</u> that Participant will continue to treat any Patients it has previously accepted through the Program under the terms set forth herein.

As part of its screening process, LIVE**STRONG** will refer interested individuals to Participants for discussion of the fertility preservation options best suited for them, if any. If the individual would like to move forward with one of the above services offered by you and is in financial need, he may apply to the Program. The Program application requires forms to be completed and signed by the Patient and the Patient's Oncologist. Additionally, a copy of the Patient's most recent 1040 Federal Tax Forms is required for income verification.

LIVE**STRONG** approves applicants who meet all eligibility criteria to participate in the Program. Upon approval, LIVE**STRONG** will notify the treating Participant, the Patient and the applicant's oncologist. The Patient will be advised to call the Participant's office to identify and schedule the appropriate next steps for fertility preservation.

As a Participant, you have been given the opportunity to review the criteria used by LIVE**STRONG** to approve Patients and understand that LIVE**STRONG** is not a medical provider. You agree that neither LIVE**STRONG** nor the Patients in the Program shall have liability to you.

To confirm your understanding of your involvement in the Program as set forth in this letter agreement, please sign this letter where indicated below and return the executed copy by:

Mail	Email	Fax
Lance Armstrong Foundation	emily.eargle@livestrong.org	212-504-7966
Attn: Sharing Hope Program		
2201 East 6 <sup>th</sup> Street		
Austin, Texas 78702		

Upon receipt, we will sign it and send you a final version back for your records. Note: Applicants requesting a discount from Participant will not be approved until an agreement has been executed.

Again, thank you for agreeing to participate in LIVE**STRONG**'s Sharing Hope program for Men. Your support makes a meaningful difference in the lives of participating cancer patients. If you would like any further information on the Program as well as additional services and support that patients and health care professionals can access through LIVE**STRONG**, please feel free to contact us at 1-855-220-7777.

Sincerely,

Emily Eargle, MSSW Navigation Project Specialist	Agreed To and Acknowledged By:
Lance Armstrong Foundation 512) 279.8431	Signature:
emily.eargle@livestrong.org	Printed Name:
Signature:	Date:
Date:	Fertility Center:
	Primary Address:
	Phone:
	Fax:
	Email: