

METHOD OF PAYMENT (personal checks or cash not accepted)

Card type: ___ Visa ___ MasterCard ___ American Express ___ Discover

Card number: _____

Name on the card: _____ Expiration date: _____ Security Code: _____

RESULTS

Enter email address to receive photo match results:

E-mail _____

TERMS AND CONDITIONS

We are specifically requesting that Cryobank provide Photo Matching assistance and make a recommendation of a donor for final selection by us.

We understand that Photo Matching is a recommendation of a donor and that the final decision of donor selection is solely our own. Cryobank will make a reasonable effort to Photo Match a donor based on the information and photos provided by us. Photo Matching is a subjective process and results may be inconsistent based on the individual performing the match.

We understand and accept that Cryobank and the Genetics & IVF Institute, its management, physicians, laboratory directors, and other personnel do not assume responsibility or liability for the accuracy of Photo Matching or the physical, mental, or other characteristics of any child or children born as a result of the use of any donor from Cryobank.

This represents the entire agreement between us and Cryobank concerning Photo Matching; that there are no understandings, agreements, or representations other than as herein set forth, and we agree to all the terms, conditions and statements described in this document.

Change existing account information as indicated below

Name (PRINT)

Partner Name (PRINT) (If applicable)

Signature

Partner Signature (If applicable)

Date

Date

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Home: _____ Email: _____