

Medical and Genetic Tests for Client Depositors

GENERAL INFORMATION:

All patients having semen frozen by Fairfax Cryobank (hereafter referred to as “Cryobank”) for fertility procedures are required to have current testing for **HIV-1 and HIV-2 antibody (AIDS), Hepatitis B surface antigen, and Hepatitis C antibody.**

I will provide Cryobank a copy of the lab report and test results for the above mentioned required tests (**HIV-1 and HIV-2 antibody (AIDS), Hepatitis B surface antigen, and Hepatitis C antibody**) within 15 days. I understand that these tests must have been performed in the last 30 days. I am responsible for any charges incurred by the outside testing source. Failure to comply will result in my samples being placed into quarantine until the test results have been received. While the samples are in quarantine, I understand that I will be charged the current monthly quarantine storage fee.

I understand that Cryobank or its personnel are in no way responsible for the results of any subsequent fertility procedures performed with the semen specimens I have requested to be screened and cryopreserved.

Client Name (please print): _____ Account Number: _____

Client Signature: _____ Date _____

Reviewed by Cryobank Staff (Signature): _____ Date _____

Account # _____