

**Photo Assisted Donor Selection Form**

Please select and complete either **OPTION 1 OR OPTION 2** of this form. If you would like both options completed, you will be responsible for two fees. The cost for a Photo Match is **\$70.00**. Please provide at least two color photos of the person to whom you desire a Photo Match: a frontal and profile photograph. Results will be completed within 3-5 business days of receipt by Cryobank. To obtain rushed results, you will be charged the current Cryobank rush fee. Mail this form and the photographs to: Fairfax Cryobank, Inc. Photo Match Service 3015 Williams Drive, Suite #110 Fairfax, VA 22031. We also accept an emailed Photo Match Request Form and emailed photographs; however, **the photographs must be of good quality. If you do not have any electronic photographs of good quality, please mail them to the aforementioned address.** Email photographs and this form to: [info@fairfaxcryobank.com](mailto:info@fairfaxcryobank.com). If you would like to fax the Photo Match Request Form, please fax it to: **703-698-3933**. We **do not** accept faxed photographs.

**OPTION 1**

Review the current Donor Search and narrow your choices to eight donors or less. Your photographs will be compared with photographs of the donors you selected and the donors ranked in the order of highest to lowest degree of resemblance to the photographs provided.

1)\_\_\_\_\_ 2)\_\_\_\_\_ 3)\_\_\_\_\_ 4)\_\_\_\_\_ 5)\_\_\_\_\_ 6)\_\_\_\_\_ 7)\_\_\_\_\_ 8)\_\_\_\_\_

**OPTION 2**

Complete the following respective items that you feel are important. Any information listed below that you feel is not important should not be completed. Your photographs will be compared with photographs of donors currently available to determine a short list (minimum of 2/maximum of 8) of recommended donors which seem to have facial characteristics similar to that of the individual used for matching. Donors will be ranked in order of highest to lowest degree of resemblance to the photographs and information provided.

**Ancestry** (Any, Caucasian, Black, Asian, Latino, Multi) \_\_\_\_\_

**Ethnic Preferences** \_\_\_\_\_

**Jewish** Yes No

**Specimen prep**  IUI/Pre-washed  ICI/Unwashed  IUI/Pre-washed or ICI/Unwashed  IVF

Please circle the desired criteria

<b>Height (ft-in)</b>	<5-9	5-10 to 6-0	6-0 to 6-2	6-2 to 6-4	>6-4
<b>Weight (lbs)</b>	<150	150 to 170	170 to 190	190 to 210	>210
<b>Skin tone</b>	light	med-light	medium	med-dark	dark
<b>Eye color</b>	brown	blue	hazel	green	
<b>Hair color</b>	blond	brown	black	red	auburn
<b>CMV Status</b>	Positive	Negative			

Please list any other characteristics that you feel are important \_\_\_\_\_

**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**

Check the appropriate box for the preferred method to receive photo match results

Fax# \_\_\_\_\_

E-mail \_\_\_\_\_

Please return photos     yes\*     no

\*Please note if photos are returned follow up questions cannot be answered in most cases. International FedEx Priority rate is \$60.00 USD.

**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: \_\_\_\_\_ E-Mail \_\_\_\_\_