

## Physician Account Set Up Form

[www.fairfaxcryobank.com](http://www.fairfaxcryobank.com)

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Clinic Email Address: \_\_\_\_\_

**IMPORTANT!** Please print clearly

Physician Name(s) (list all physicians at clinic ) – first name, last name		
Medical License Number(s)		
Clinic Name		
Address(es) (please use separate sheet to list any additional shipping addresses)		
City	State	Zip
Billing Contact Person		Lab Contact Person
Phone Number		Fax Number
Clinic Email Address		Website Address

**Physician's office provides:**     Specimen washing     Liquid Nitrogen Storage

Fairfax Cryobank requires that all clients are working with licensed physicians, and this form will be used to assist us in this verification process. By establishing an account, I understand and agree to the Terms of Use, if I purchase samples directly from Fairfax Cryobank,

**An information packet will be mailed to your office via Priority Mail, following this account setup.**