

Photo Match Form

Please select and complete either **OPTION 1 OR OPTION 2** of this form. If you complete both options, you will be responsible for two fees. The cost for a Photo Match is \$80.00. 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 emailed to you within 3-5 business days of receipt by Cryobank. To obtain rushed results, you will be charged the current Cryobank rush fee. **The photographs should be of good quality, so that we are able to clearly make out the features within the photographs to match to the donors.** Email photographs and this form to: info@fairfaxcryobank.com, or submit via electronic signature.

OPTION 1

Using the interactive Donor Search, narrow your choices to eight donors or less, that you find to be suitable for your use. The photographs you submit with this form will be compared with internal photographs that the Cryobank has access to, of the donors you list below. The donors will then be ranked in the order of highest (#1) to lowest degree of resemblance to the photographs you submitted for matching.

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 (please leave blank). The photographs you submit with this form will be compared with internal photographs that the Cryobank has access to, of donors currently available to determine a short list (minimum of 2/maximum of 8) of recommended donors which have facial characteristics similar to that of the photos you submit to us for matching. Donors will be ranked in order of highest to lowest degree of resemblance to the photographs and information provided.

Ancestry (Any, Asian, Caucasian, Latino, Multi) _____

Ethnic Preferences _____

Are you willing to receive donors within your results that have had Expanded Genetic Disease Testing that may be a carrier? Yes No

Specimen Type IUI/Pre-washed ICI/Unwashed IUI ART ICI ART
 ICSI-W ICSI

Please circle or check off the desired criteria below

Height (ft-in)	5'7" and below	5'8"-5'11"	6'0"-6'2"	6'3" and above	Any
Weight (lbs)	<150	150 to 170	170 to 190	190 to 210	>210
Skin tone	light	med-light	medium	med-dark	dark
Eye color	Blue	Brown	Hazel	Green	
Hair color	Brown	Black	Auburn	Red	
CMV Status	Positive	Negative			
Blood Type	Any	AB	A	B	O

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: _____ E-Mail _____