Fairfax Cryobank

Donor Semen Specimen Return Authorization

This form must be signed and dated by the owner of the storage account.
This return/refund is applicable only to specimens from Fairfax Cryobank ID Option or Non-ID donors.
It is not available to owners of Client Depositor or Directed Donor semen.

The purpose of this Authorization is to document the Client's permission and authorization for the return of stored donor semen specimens to Fairfax Cryobank, Inc. ("Cryobank").

I, _____ (the Storage Client (owner of Vials)) want **all** vials of the donor semen specimens from Donor _____ in my account returned to Cryobank for a 50% refund of the original purchase price per vial. **I understand that this refund is only available for vials that have not left the Cryobank facility and is only available to the original purchaser of donor sperm.** I understand that any outstanding account balance will be deducted from my return credit.

Client Information:

Name _____ ***Account Number*** _____

Address _____

City _____ ***State*** _____ ***Zip*** _____

Telephone Number _____ ***E-Mail Address*** _____

Refund to be provided (select one):

☐ via check to the following address:

_____

_____

_____

☐ to the following credit card:

Cardholder Name: _____

Card Number: _____

Card Type: _____ **Exp. Date:** _____

Please sign and date below:

Signature: _____ ***Date*** _____

This form may be completed via DocuSign or sent by Fax, E-Mail or Mail to the address below:

Fairfax Cryobank
3015 Williams Drive #110
Fairfax, VA 22031
Telephone:1-800-338-8407 Fax:703-698-3933
Email: info@fairfaxcryobank.com