

Donor Match Confirmation- Clinic Bill

Completion of this document will reserve the cohort for Recipient listed below. This document must be completed and returned within ten (10) business days, along with other required forms, to Fairfax EggBank or the cohort will be released. The donor cohort must ship to Clinic or stored pursuant to a storage agreement within 30 days of receipt of Match Confirmation document or the cohort will be released. All sales will be final once cohort leaves Fairfax EggBank property and is received by Clinic. By signing below the recipient also acknowledges that payment for cohort will be handled between the Clinic and Fairfax EggBank and patient is not responsible for payment to Fairfax EggBank.

The below recipient has chosen a cohort from oocyte donor # _____.

Estimated Warming Date: _____ **Preferred Shipping Date:** _____

Date of Match

Recipient's Date of Birth

Recipient's Signature

Recipient's Email Address

Recipient's Printed Name

Recipient's Home Address

Spouse's or Partner's Signature (if applicable)

Recipient's City, State & Zip Code

Spouse's or Partner's Printed Name (if applicable)

Recipient's Phone Number

Shipping Information:

Physician's Name: _____ Clinic: _____

Clinic Complete Address: _____

Clinic City: _____ Clinic State/Province: _____ Clinic Zip/Postal Code: _____

Clinic Phone Number: _____ Clinic Fax Number: _____

Clinic Contact Email Address: _____

Clinic Representative Signature: _____ Date: _____