Fairfax EggBank
The Trusted Choice for Donor Eggs

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(888) 352-5577 phone
(703) 245-7059 fax

Donor Match Confirmation – Recipient Purchase

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 the Clinic. By signing below the recipient also agrees to the purchase price of $14,400 for one cohort to be paid by recipient 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: _____