

DONOR MATCH CONFIRMATION – Clinic Bill

The Cohort must be shipped to the Clinic within 30 days of the match date or it will be released. All sales are final once the Cohort leaves Fairfax EggBank.

TO BE COMPLETED BY CLINIC		
Cohort Confirmation		
The Intended Parent named below has chosen a Cohort from oocyte donor #		
Estimated Warming Date	mm dd yyyy	Preferred Shipping Date
/ /		/ /
Clinic Contact Email		
Clinic Representative Signature	mm dd yyyy	Date
		/ /
Shipping Information		
Physician's Name		
Name of Practice		
Shipping Address		
City	State	Zip Code
Phone Number	Fax Number	
TO BE COMPLETED BY INTENDED PARENT		
Name	mm dd yyyy	Date of Birth
		/ /
Address		
City	State	Zip Code
Phone Number	Email	
Intended Parent's Signature		