



COHORT SHIPMENT REQUEST FORM

Receipt of this document is required at least one week in advance of preferred ship date.

By signing below, the clinic consents to the shipment of the cohort on the preferred date. All shipments are subject to Fairfax EggBank shipment availability. Final shipment confirmation will be made between the Fairfax EggBank lab team and the clinic's lab team. All sales will be final once cohort leaves the Fairfax EggBank property.

COHORT INFORMATION

The below recipient has chosen a cohort from oocyte donor number:

Recipient Full Legal Name:

Estimated Warming Date:

Preferred Shipping Date:

CONTACT INFORMATION

Clinic Name:

Clinic Phone Number:

Clinic Contact Email Address:

Clinic Representative Signature:

Date: