

**Eligibility Requirements for the Vial Buyback Offer:**

- Vial(s) must have been purchased and stored at a California Cryobank facility.
- Vial(s) are only eligible for the Buyback Offer if the vial(s) have not been shipped or picked up from a California Cryobank facility.
- Vial(s) must be sold back to California Cryobank within 36 months of purchase date.
- Vial(s) must meet California Cryobank's current donor testing standards.
- Vial(s) must be sold back by the original purchaser.
- Any outstanding account balance due from client will be deducted from Vial Buyback credit.
- Offer invalid if CCB discontinues selling vials to retail customers.

**Client Information:**

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Client Request:**

I authorize California Cryobank to remove the following vial(s) from my storage account for the Vial Buyback Offer:

Donor number: \_\_\_\_\_ ICI IUI Premium ART Quantity of vials \_\_\_\_\_

I understand:

- I will receive 50% of the original purchase price if vial(s) meet Vial Buyback requirements, less any outstanding balance due, via check.
- Storage account fees will not be refunded or pro-rated.
- Processing will take approximately 4 weeks.
- Notification will be sent to me via e-mail upon completion.
- Vial Buyback Offer eligibility is subject to review and approval by California Cryobank management.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Reason for Buyback** Reached Family Goal       Discontinuing Process       Financial       Other \_\_\_\_\_

Send completed request form to:

**California Cryobank**

11915 La Grange Ave

Los Angeles, CA 90025

Fax: 866-625-7336

Phone: 866-927-9622 or 310-443-5244