

Minimum Eligibility for the Vial Exchange Program:

- Vial(s) must have been purchased and stored at a California Cryobank facility.
- Vial(s) are only eligible if the vial(s) have not been shipped or picked up from a California Cryobank facility.
- Client must exchange the vial(s) within 36 months of purchase date.
- Vial(s) must meet California Cryobank's current donor testing standards.
- An administrative fee of \$150.00 will be charged per request (not per vial).
- Any outstanding account balance must be paid before the Vial Exchange can be completed.
- Client is responsible for any additional vial costs resulting from the Vial Exchange.

Client's Information:

Name: _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-Mail Address: _____

Client Request:

I authorize removal of the following vial(s) from my storage account for the Vial Exchange Program:

Donor number: _____ ICI IUI Premium ART Quantity of vials: _____

I request the vial(s) be exchanged for:

NEW donor number: _____ ICI IUI Premium ART Quantity of vials: _____**Vial Exchange Program**

- I understand the original price of vials removed from my storage account will be used toward the purchase price of the new vial(s) requested above.
- An administrative fee of \$150 and any price difference will be charged to the credit card on file.
- Any outstanding account balance must be paid before the Vial Exchange can be completed.
- Shipping fees may apply.
- Allow approximately 4 weeks for processing.
- Notification will be sent to you via e-mail upon completion.
- Eligibility for the Vial Exchange program is subject to review and approval by California Cryobank management.

Client Signature: _____ Date: _____

Reason for Exchange Found New Donor New Medical Information Suggested by Physician 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