

Physician Shipment Authorization

Patient Information

Please complete this section with the information of the **patient being inseminated**.

Patient Name: _____
First Middle Last

Date of Birth: _____ Patient Phone: _____
Month Day Year

Authorization

I am referring the above patient to California Cryobank to obtain semen specimens for an assisted reproductive procedure. I have informed them of the risks and limitations of their procedure and authorize them to obtain the specimens from California Cryobank. My patient has agreed that all specimens obtained from California Cryobank are for their personal use only. I authorize my patient to transport shipments to any address unless I initial below. I understand that this authorization is valid for two (2) years from the date of signature.

Physician Information

Physician Name: _____
First Middle Last Suffix

License Number: _____ State Issued: _____

Office Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Physician Signature: _____ Date: _____

My signature acknowledges that I have read and agree to the information below.

Ship specimens to my address ONLY (Do not allow direct-to-patient shipments). Initial: _____

Shipping Address (If different from office address)

Facility Name: _____ Contact Name: _____

Office Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone: _____ Fax: _____

I would like to receive email notification of my patient's orders. Email address: _____

Available and Updated Genetic and/or Medical Information

- a. Donors may be carriers for certain inheritable conditions or diseases and California Cryobank tests for a subset of, but not all, such conditions and diseases. All results from testing which California Cryobank has had performed, including any "positive carrier" status results, have been made available to intended parents and the physician in the form of a "genetic test summary." It is the responsibility of both intended parents and me to assess and determine the suitability or non-suitability of any donor based on paired genetic information with either an intended parent or with any other gamete donor who may be paired with the donor's gametes. I acknowledge that all carrier status testing is also limited by current detection sensitivity and accuracy rates, so that there is a small, but real, possibility that any negative carrier status testing could result in a "false negative," meaning a particular donor may, in fact, have a positive carrier status that current testing processes did not detect. Both the intended parents and I should carefully assess all known, reported genetic information as well as the potential of currently unknown or unreported genetic information in choosing a donor.
- b. It is possible that updated genetic and/or medical information may become known to California Cryobank after frozen donor sperm has been transferred out of California Cryobank's possession. While California Cryobank may from time to time get and share updated clinically significant medical and/or genetic information with intended parents or me, it is up to me, Physician, prior to the intended parents' use of any frozen donor sperm obtained from California Cryobank, to contact California Cryobank for any such updated information, and, if I determine it to be appropriate, to share such information with the intended parents prior to any insemination or frozen embryo transfer. I further acknowledge and agree that while California Cryobank may also share such updated information directly with intended parents, it is not obligated to do so and may not do.

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c. Although California Cryobank is not obligated hereunder (or otherwise) to disclose or share with intended parents or me any updated medical and/or genetic information, in the event California Cryobank does share any such updated information, an experienced genetics counselor should be consulted to advise intended parents as to its potential significance. California Cryobank is not a medical provider, and cannot provide medical advice, but, upon request, it will refer intended parents or the Physician to genetic counselors for that purpose.

Document must be faxed or emailed. Please keep a copy for your records.

Fax: **866-625-7336** (US & Canada), **310-826-1605** (International)

Email: **forms@cryobank.com**