

Minimum Eligibility for the Vial Buy Back Program:

- Vial(s) must have been purchased from CCB and have never left the facility
- Client may sell back vials with in 0 to 36 months of purchase date
- Vials must meet CCB's current donor testing standards
- Client account must be in good standing (no outstanding balance)

Client's Information:Name: _____, _____
Last First

Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ E-Mail Address: _____

Donor Number: _____ IUI ICI Premium ART Number of vials _____

Original Purchase Date: _____

Client Request: **Buy Back Program:**I authorize CCB to **remove** _____ (number of vials) of donor # _____ vials from my storage.

I understand I will receive 50% of the original purchase price. Storage account fees will not be refunded or pro-rated.

*** Buy Back program eligibility is subject to review and approval by our Donor Department Management.****Reason for Buy Back*** *Reached Family Goal* *Discontinuing Process* *Financial* *Other* _____

Client Signature: _____ Date _____

Send completed request form to: **California Cryobank/Attention: New Accounts****11915 La Grange Ave
Los Angeles, CA 90025
Fax: 866-625-7336****Allow approximately 4-6 weeks for processing. Notification will be sent to you via mail and/or e-mail.**

CCB Signature _____ Date _____