

Minimum Eligibility for the Vial Exchange Program:

- Vial(s) must have been purchased from CCB and have never left the facility
- Client must exchange vial(s) within 0 to 36 months of purchase date
- Vial(s) must meet CCB's current donor testing standards
- An administrative fee of \$150.00 will apply per request (not per vial)
- Client account must be in good standing (no outstanding balance due)
- Clients must pay the difference in fees if the vial(s) to be exchanged are at a higher price

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

Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

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

I authorize CCB to remove Current Donor#: _____ IUI ICI Premium ART Number of vials _____

Original Purchase Date: _____

EXCHANGE FOR **NEW** DONOR #: _____ IUI ICI Premium ART Number of vials _____**Client Request:**

Vial Exchange Program: my vials from storage. I understand that a credit will be placed on my CCB account to be used to toward the cost of the new vials. A \$150 administrative fee will apply to process the exchange. Shipping fees may apply for vials stored at our branch locations.

*** Eligibility for the Vial Exchange program is subject to review and approval by our Donor Department Management.*

Reason for Exchange

Found New Donor New Medical Information Suggested by Physician 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 _____
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