



DONOR MATCHING CONSULTATION REQUEST

CCB offers several types of Donor Photo Matching and Selection Consultations. Please refer to the Fee Schedule for the specific costs of each service.

Photo Matching (select one) 1-6 Donors 1-12 Donors

Narrow down your choices to either 1-6 or 1-12 of your favorite donors. Our experienced matching counselors will compare photographs you supply (husband, partner, friend, etc.) to your selected donors to determine which donors' facial characteristics are most similar to that of your photo. Please include one or more photographs with this form.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

Donor Selection Consultation (select one) Phone In-House (Los Angeles office only)

Complete the key characteristics and the most important qualities you are seeking in a donor. One of our experienced matching counselors will identify the donors that most closely match your requirements and photographs you supply (husband, partner, friend, etc). Please include one or more photographs with this form.

Rate the importance of the characteristics on a scale of 1 to 3 (with 1 being the most important).

Ethnic Origin: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	1	2	3
Ancestry/Country of Origin: _____	1	2	3
Religion: _____	1	2	3
Blood Type & RH Factor: _____	1	2	3
Hair Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Blond	1	2	3
Hair Texture: <input type="checkbox"/> Straight <input type="checkbox"/> Wavy <input type="checkbox"/> Curly	1	2	3
Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel	1	2	3
Skin Complexion (Relative to ethnic origin): <input type="checkbox"/> Very Fair <input type="checkbox"/> Fair <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Very Dark	1	2	3
Height & Weight: (approx) ____ft ____inches ____lb	1	2	3
Body Frame Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	1	2	3
Occupation/Major in school: _____	1	2	3
Interests: _____	1	2	3
Comments: _____			

My signature below authorizes the company to charge me for its services.

_____ _____ _____
Print Client's Name Client's Signature Date

Please keep a copy for your records.

Document can be mailed or faxed to:
CALIFORNIA CRYOBANK
Attn: New Accounts
11915 La Grange Avenue
Los Angeles, CA 90025
Fax: (866) 625-7336 US and Canada / (310) 826-1605 International

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