

Vial Exchange Request

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 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, including any price difference for the new vials. Additionally, if a promotion or discount was applied to the original vial order, it does not apply to the new order.

Client's Information:

Client Name (Print): _____
First Middle Last

Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Client Request:

I authorize removal of the following vial(s) from my storage account for the vial exchange program:

Donor #: _____

☐ ICI Quantity of Vials: _____ ☐ IUI Quantity of Vials: _____

☐ IVF Quantity of Vials: _____ ☐ ICSI Quantity of Vials: _____

☐ ART Quantity of Vials: _____

I request the vial(s) be exchanged for:

NEW Donor #: _____

☐ ICI Quantity of Vials: _____ ☐ IUI Quantity of Vials: _____

☐ IVF Quantity of Vials: _____ ☐ ICSI Quantity of Vials: _____

☐ 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 (per request, not per vial) 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 email 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: _____

Email completed request form to: forms@cryobank.com

Telephone: 866-927-9622 or 310-443-5244