



ANDROLOGY LABORATORY • REPRODUCTIVE TISSUE BANK SERVICES • SPERM CRYOBANKING • EMBRYO/EGG STORAGE • DONOR SPERM

AUTHORIZATION TO TRANSFER FROZEN SPECIMEN

I hereby authorize Manhattan Cryobank Inc. to transfer my donor specimen to the addresses listed below:

CLIENT INFORMATION

Client Name:		Date of Birth:	
Address:		Telephone#:	
		Email:	

SPECIMEN INFORMATION

Donor Code(s):	#of Vials:	Donor Type (Check only one):			Vial Type (Check all that apply):		
		Anonymous <input type="checkbox"/>	ID Disclosure <input type="checkbox"/>	IUI <input type="checkbox"/>	ICI <input type="checkbox"/>	ART <input type="checkbox"/>	
Today's date (mm/dd/yyyy):				When is the specimen needed by?			
				Date(mm/dd/yyyy):		Time:	
Specimen will be transferred to (enter clinic name and full Address):		Physician Name:					
		Physician Phone #:					

PAYMENT INFORMATION FOR SHIPPING OR STORAGE (All Major Credit Cards Accepted)

(Please enter the quote provided by Manhattan CryoBank for your shipping costs only. If you do not yet have this information, please call or email Manhattan CryoBank for a shipping quote. Please note that this amount should not exceed \$350.)

Cardholder Name:		Expiration Date:	
Credit Card #:		Billing Zip Code:	
AUTHORIZED CREDIT CARD CHARGE FOR SPECIMEN TRANSFERS <i>ONLY</i> :		\$_____	
Credit Card Billing Address:		Security Code:	

COMMENTS/SPECIAL INSTRUCTIONS

Fees associated with the transport services offered by Manhattan CryoBank are the responsibility of the patient/client. Client must provide a copy of an official Photo ID, i.e. passport, driver's license.

LIMITATIONS ON OUR LIABILITY

Upon the transfer or release of the semen specimens, Manhattan Cryobank, its physicians, administrators or agents will not be liable for the following:

1. Any damage, whether direct, incidental, special or consequential to the specimens.
2. For loss, or delay caused by events we cannot control, including but not limited to weather conditions, natural disaster, war, fire, theft, acts of vandalism, governmental interference or regulation, or any other cause not within the direct or immediate control of Manhattan CryoBank.
3. Any failure of any outside agent or courier to deliver specimens in a timely manner and deliver dry shipper in good condition.
4. Improper supervision, maintenance, and storage of specimens at the new site.
5. Improper handling and thawing of specimens at new site.
6. Failure of specimen to induce pregnancy.

By signing this form, I acknowledge that I have read, understand all the above terms, accept all of the limitations above and have authorized Manhattan CryoBank to charge my credit card all fees due.

Signature:		Date:	
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