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

AUTHORIZATION TO TRANSFER FROZEN SPECIMEN

I hereby authorize Manhattan CryoBank to pick-up and transfer my frozen specimen(s) from/to the addresses listed below:

CLIENT INFORMATION

Client Name		Signature	
Client Address		Telephone#	
		Email	

SPECIMEN INFORMATION

Where is the specimen now? (include clinic full name and address)		Contact Name and Phone #	
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Specimen Type	<input type="checkbox"/> Sperm	<input type="checkbox"/> Embryo	<input type="checkbox"/> Oocyte	<input type="checkbox"/> Testicular tissue	<input type="checkbox"/> Ovarian Tissue
# of vials/straws					
Notice (today's) date (mm/dd/yyyy):			Specimen needed by (mm/dd/yyyy):		

Specimen will be transferred to: (include clinic full name and address)		Contact Name and Phone #	
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PAYMENT INFORMATION (All major credit cards accepted. Fees associated with transportation are the responsibility of the patient/client)

Cardholder Name		Expiration Date	
Credit Card#		Billing Zip Code	
Amount to Charge		Security Code	
Credit Card Billing Address			

COMMENTS/SPECIAL INSTRUCTIONS (Client must provide a copy of a valid government issued photo ID).

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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:

- Any damage, whether direct, incidental, special or consequential to the specimens.
- 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.
- Any failure of any outside agent or courier to deliver specimens in a timely manner and deliver dry shipper in good condition.
- Improper supervision, maintenance, and storage of specimens at the new site.
- Improper handling and thawing of specimens at new site.
- 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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