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NOTICE OF INTENT TO CONTINUE OR DISCONTINUE THE EMBRYO/EGG STORAGE AGREEMENT

Client Name 1:	Client Name 2 (if applicable):
Address:	
Daytime Telephone:	Email Address:
Signature Client 1:	Signature Client 2 (if applicable):
Notice Date:	

Thank you for allowing CCB-MCB LLC. (Manhattan Cryobank) to cryopreserve your specimens. Your **storage fee is due**. You can continue the storage of your specimen(s) under the same terms and conditions set forth in your signed Embryo/Egg Storage Agreement.

Kindly let us know of your intention to continue or discontinue your storage by completing only one of the following options:

YES, I wish to continue storing my cryopreserved embryos/eggs at Manhattan Cryobank for a period of:
 1 month \$120 6 months \$400 1 year \$700 2 years \$1,200 3 years \$1,680 5 years \$2,450

Payment Options

- Charge my Credit Card (Visa, Master Card, Discover, American Express) \$ _____
- Credit Card # _____
- Expiration Date: _____
- Security Code: _____
- Name on Credit Card: _____
- Billing Zip Code: _____

NO, I/we do not wish to continue storing my/our cryopreserved embryos/eggs at Manhattan Cryobank. I hereby authorize Manhattan Cryobank to dispose of all the embryos/eggs under my name.

IN ORDER TO PROTECT MY RIGHTS, THE CONFIDENTIALITY OF THIS MATTER, AND FOR MANHATTAN CRYOBANK TO BE CERTAIN OF MY DECISION, MANHATTAN CRYOBANK IS REQUESTING THAT I APPEAR IN PERSON OR NOTARIZE THIS NOTICE PRIOR TO MAILING VIA CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED. I UNDERSTAND THAT I AM RESPONSIBLE FOR STORAGE FEES UP TO THE DATE MANHATTAN CRYOBANK RECEIVES THIS NOTICE.

Client's Signature 1: _____ D.O.B: _____

Client's Signature 2: _____ D.O.B _____
 (if applicable)

Notification in person:

Manhattan Cryobank Representative: _____ Date: _____

Notarization:

Notary Signature: _____ Printed Name: _____

My Commission expires: _____