



ANDROLOGY LABORATORY ♦ GENDER PRE-SELECTION ♦ REPRODUCTIVE TISSUE BANK SERVICES ♦ SPERM CRYOBANKING ♦ EMBRYO/EGG STORAGE ♦ DONOR SPERM

NOTICE OF INTENT TO CONTINUE OR DISCONTINUE THE SEMEN STORAGE AGREEMENT

| | |
|--------------------|----------------|
| Client Name: | Date of Birth: |
| Address: | |
| Daytime Telephone: | Email Address: |
| Signature: | Notice Date: |

Thank you for allowing Manhattan Cryobank Inc. (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 Semen 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 semen at Manhattan Cryobank for a period and cost of:

- 6 months at a cost of \$250
- 1 year at a cost of \$425
- 2 years at a cost of \$700
- 3 years at a cost of \$925
- 5 years at a cost of \$1,450

Payment Options

- Enclosed is a check for \$ _____
- Charge my Credit Card (Visa, Master Card, Discover) \$ _____
 - Credit Card # _____
 - Expiration Date: _____
 - Security Code: _____
 - Name on Credit Card: _____
 - Billing Zip Code: _____
- Auto Charge my Credit Card upon expiration of my storage term.

NO, I do not wish to continue storing my cryopreserved semen at Manhattan Cryobank. I hereby authorize Manhattan Cryobank to dispose of all the semen vials 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.

Notification in person:
 Client's signature: _____ Driver's License #: _____
 Manhattan Cryobank Representative: _____ Date: _____

Notarization:
 Notary Signature: _____ Printed Name: _____
 My Commission expires: _____