



COMPANY CONFIDENTIAL AND PROPRIETARY

DATE EFFECTIVE: 06/12/13	Donor Match Confirmation	FORM: FOR-121A REV: 2
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We, the staff of Fairfax Egg Bank, are pleased that you have selected our services to assist your patients in their fertility journey. Our objective is to provide premier donor oocyte services, including: selection and matching assistance, extensively screened donors, high quality oocytes, and oocyte shipping. This Match Confirmation document will reserve the cohort for the patient. This document must be completed and returned within ten (10) business days, along with other required forms, (downloadable or electronic signature at <http://fairfaxeggbank.com/frozen-donor-eggs-forms/>) to Fairfax Egg Bank or the cohort will be released. The donor cohort must ship to Clinic within 30 days of receipt of Match Confirmation document or the cohort will be released. All sales will be final once cohort leaves GIVF property via shipping company.

Recipient Name: _____ DOB: _____

Partner's Name: _____ DOB: _____

Physician: _____ Date of Match: _____

The above recipient has chosen a cohort from oocyte donor # _____.

Estimated Warming Date: _____ Preferred Shipping Date: _____

Signature of Clinic Representative **Date**

Optional Clinic Use Only – Not required by Fairfax Egg Bank

Recipient Signature: _____ Date: _____

Partner Signature: _____ Date: _____

Please sign and return this form so cohort matching can be confirmed and shipping occurs as quickly as possible.

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