

Medical and Genetic Tests for Client Depositors

GENERAL INFORMATION:

Listed below are tests routinely performed on men who would like to have their reproductive tissue stored at Fairfax Cryobank (hereafter referred to as "Cryobank") for fertility procedures. All patients having semen frozen by Cryobank are required to have current HIV-1 and HIV-2 antibody (AIDS) tests, Hepatitis B surface antigen, and Hepatitis C antibody tests.

If you intend to have semen specimens frozen and stored by Cryobank, you must designate which tests you wish to have performed on the individual from whom the semen specimen will be obtained. Each test and the respective cost is listed below and will be charged in addition to the normal freezing, storage, shipping and handling fees listed on the fee schedule.

DIRECTION 1. Check on	NS: ne of the boxes listed belo	w:			
	15 days. I understand the charges incurred by the into quarantine until	hat these tests must have been performation outside testing source. Failure to	alts for the above mentioned required tests within rmed in the last 30 days. I am responsible for any comply will result in my samples being placed ved. While the samples are in quarantine, I uarantine storage fee.		
	☐ I want the following tests (required to be included) performed on the individual from whom semen is to obtained. HIV-1 & 2 Ab, Hep Bs Ag, and Hep C Ab.				
	Please initial:	(Client Depositor)	(Cryobank)		
2. If you w the boxes:	ould like any additional t	esting that was not included in the a	above, please select from below and check one of		

□ In addition to the required tests (HIV-1 & 2 Ab, Hep Bs Ag, and Hep C Ab), I do want the additional tests checked above performed on the individual from whom semen is to be obtained.
 □ I have been informed that all of the above tests are routinely completed on Cryobank semen donors

Please initial:	(Client Depositor)	(Cryobank)

and I do not want any of the additional tests listed above performed.

SEROLOGY:

LOGY:	
☐ HIV-1, 2, & O antibody	\$35.00
☐ HIV-1, HBV & HCV by PCR	\$300.00
☐ Blood group & Rh type	\$50.00
☐ Hepatitis B surface antigen	\$35.00
☐ Hepatitis C antibody	\$35.00
☐ Hepatitis B core antibody	\$50.00
☐ CMV antibody	\$50.00
☐ Syphilis	\$50.00
☐ HTLV-I/II antibody	\$100.00
☐ Chlamydia & Gonorrhea	\$200.00
□SGOT	\$21.00
□ SGPT	\$21.00
□ Other	\$.00

FINISH COMPLETING FORM ON PAGE 2

Account #___

COMPANY CONFIDENTIAL AND PROPRIETARY
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SEMEN SPECIMEN TESTS BY PCK TECHNOLOGY (Tests p	performed on semen):
☐ Cytomegalovirus NAT	\$250.00
☐ Human Papilloma virus (HPV16 &18)	\$500.00
☐ Herpes Simplex virus (HSV1 &2)	\$500.00
GENETIC TESTS	
☐ Karyotype (blood chromosome analysis)	\$531.00
☐ Cystic Fibrosis (DNA based test for carrier of gene mutation)	\$299.00
☐ Sickle cell anemia (African American descent)	\$146.00
Tay-Sachs Biochemical	\$130.00
☐ Thalassemia (Mediterranean descent)	\$146.00
HLA Phenotype with DQ alpha	\$725.00
☐ Jewish Panel (List available upon request)	\$2,760.00
I authorize Cryobank to follow the directions in the boxes checked above testing, and perform the tests(s) on the individual from whom semen is understand that Cryobank or its personnel are in no way responsible for performed with the semen specimens I have requested to be screened and cry	to be obtained, frozen, and stored. I also the results of any subsequent inseminations
Client Name (please print):	Account Number:
Client Signature:	Date
Reviewed by Cryobank Staff (Signature):	Date