

Delaware Valley Institute of Fertility & Genetics

6000 Sagemore Drive Suite 6102
Marlton, NJ 08053
PH:(856) 988-0072 FAX: (856) 988-0056

(To be filled out and returned for each order of Donor Sperm)

DONOR SPECIMEN ORDER FORM

I _____ request Delaware Valley Institute of Fertility & Genetics to receive Donor # _____, # of vials _____ from the Cryobank _____.

The description/profile of Donor # _____ is as follows:

FROZEN DONOR SPERM STORAGE BILLING POLICY

1.

Fee for the donor sperm plus shipment charges and facilities fees must be paid in full prior to ordering the specimen. If you have any question please call the Laboratory (856) 988 – 0072 ext. 19.

If the patient uses all stored donor samples within the first three months from the time of receiving specimen, there will not be any storage fee charges. The storage fee charges will be applied after the third month as described above.

The Billing for the storage of sperm (patient/donor sperm) will occur four times a year at the end of each yearly quarter (March/June/Sept/Dec).

There will not be any reimbursement for the unused storage time.

If the patients decide to terminate their participation agreement, they should advise our office immediately. They will be requested to fill out the appropriate documents.

Patient Signature

Date

Witness

Date

