

Special Test Request

Please complete this form to initiate a Special Test Request on a California Cryobank (CCB) donor. It is strongly recommended that you speak with your physician and genetic counselor about the testing options for the condition(s) that you are concerned about in order to determine what testing is appropriate for your needs. Your request will be reviewed by one of our genetic counselors and CCB's Medical Director and we will keep you informed about the availability/willingness of your donor to participate in the requested testing, and the progress of your test request.

CLIENT INFORMATION (Please Print):

Name: _____

Date of Birth: _____ Account Number (if known): _____

Address: _____

Telephone: _____ Email: _____

PAYMENT INFORMATION/AUTHORIZATION TO BILL FOR TESTING

The average cost of Special Testing is approximately \$700.00 but can vary significantly depending on the test(s) requested. Expenses associated with Special Testing may include genetic consultation/coordination time, donor compensation, and phlebotomy, shipping, and laboratory fees. By signing below you are providing pre-authorization to proceed with testing up to \$700.00. You will be advised prior to testing if the test you have requested exceeds \$700.00 so that you can determine if you want to proceed.

Credit Card Type: _____

Card Number: _____ Expiration Date: _____

Name on Card: _____

Cardholder Signature: _____

TEST INFORMATION

Donor Number: _____

Test Requested: _____

By signing below I acknowledge that I have received and read CCB's Special Testing Services Information Sheet in its entirety. I understand that CCB cannot guarantee that genetic test results will be available by a specific date or in time for a specific procedure and that CCB recommends that I do not commence my reproductive treatment until after the donor's test is completed. I further understand that CCB recommends that I secure eggs or semen specimens from the above indicated donor BEFORE testing is performed. CCB cannot guarantee that eggs or vials will be available from the donor at the time that the special test is completed. I understand that Special Testing expenses will not be refunded if I do not secure eggs or semen specimens from the donor prior to testing and CCB does not have any eggs or semen specimens available at a later date. Orders for semen specimens or eggs are made by contacting CCB's Client Services team at (866) 927-9622 or the Egg Donor Department at (866) 434-4226, respectively.

Client Signature Date

Prior to submitting your request, please review this form carefully and **verify that the donor number and test(s) requested are accurate**. Please submit this completed form along with the completed Provider Genetic Test Request form, and the relevant medical records by **FAX to (888) 317-4725**. For additional information about Special Testing, contact CCB's Genetics Department at (877) 743-6384.