CALIFORNIA CRYOBANK
REPRODUCTIVE TISSUE SERVICES

Genetics Department, 11915 La Grange Avenue, Los Angeles, CA 90025
Phone: (877) 743-6384 USA and Canada / 01-310-443-5244 International
Fax: (888) 317-4725 USA and Canada / (310) 826-1605 International

Provider Genetic Test Request

Please complete this form and return it to us to communicate your request for additional genetic testing on a California Cryobank (CCB) donor for your patient's need. Please include relevant medical records with your request. Requests must be approved by CCB's Medical Director and testing may not be possible if the donor is not available to participate in testing or if the donor does not provide consent for the test requested. In most cases, your patient will be responsible for expenses associated with additional genetic testing needs.

PLEASE NOTE:
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 your patient does not commence his/her reproductive treatment until after the test is completed. CCB also recommends that the patient secure eggs or semen specimens from the 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. 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 INFORMATION

Name: _____

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

PROVIDER INFORMATION

Name: _____

Facility: _____

Address: _____

Telephone: _____

Fax: _____

TEST REQUESTED

Donor ID: _____

Test: _____

_____ _____
Provider's Signature Date

Please return the completed form to:

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