



**16917 Enadia Way
Lake Balboa, CA 91406
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Toll Free (800) 255-7242**

Dear Patient:

We would like to thank you for selecting ZyGen Laboratory to assist you with your fertility/infertility needs. We look forward to working closely with you and your specialist to achieve your goal. To avoid any unnecessary delays, please complete all the enclosed forms and return them to our facility in the pre-addressed envelope or fax them at your earliest convenience. We cannot ship any samples until we receive your completed paperwork.

The following forms must be completed and returned to us:

- Contract For Payment By patient
- A.I.D. Donor Selection Form
- Credit Policy
- Consent For Using Donor Specimen For Artificial Insemination
Liability Form For Sex Selection (if using sex selected samples.)
- Authorization For Release of Semen (must be completely filled out and signed by your Licensed Physician or Fertility Specialist.)
- Information For Artificial Insemination By Donor Applicants

The credit application is for billing purposes only. You will be required to prepay for samples and shipping charges by sending us a check, money order, cashier's check or we can bill it directly to your credit card (**Visa or MasterCard only.**)

If you achieve a pregnancy and wish to place donor samples, from the same donor, on hold to assure availability for future siblings, the samples must be paid for at that time. Please read the "Credit Policy" regarding our refunds. Storage fees will also apply.

To secure an order, please call the laboratory or have your doctor's office call at least forty-eight (48) hours prior to your insemination date. In the event that you have an irregular ovulation cycle, it is also advisable to check with your physician's office/ clinic to check the availability of a liquid nitrogen storage facility. This will allow us to ship samples for you ahead of schedule to eliminate the possibility of a missed cycle.



PICK-UP AND SHIPPING INSTRUCTIONS

For clients who live locally, you have the option of picking up your specimen(s) at our facility or we can make arrangements for a local courier service to deliver the samples for you.

If you live locally and your insemination procedure falls on a weekend, you may pick-up samples at our laboratory on Saturday morning (8:00am to 10:15am.) The laboratory is not open on Sunday for deliveries or pick-ups, so please schedule appropriately.

If you have any questions, please do not hesitate to contact our facility. We will be happy to assist you in anyway we can. We strongly advise you to keep photocopies of all your completed paperwork for future reference should any questions arise.



CONTRACT FOR PAYMENT BY PATIENT

Account#: _____

PATIENT INFORMATION

Name: _____ Date of birth: _____

Address: _____ S.S.# _____

City: _____ State: _____ Zip: _____

Home Phone:() _____ Work Phone:() _____

Employer: _____ Occupation: _____

Address: _____ State: _____ Zip: _____

SPOUSE/PARTNER INFORMATION

Name: _____ Phone:() _____

Employer: _____ Occupation: _____

FRIEND/ RELATIVE CONTACT

Name: _____ Phone:() _____

Address: _____

CREDIT INFORMATION

Credit Card#: _____ Exp. Date: _____

(VISA/ M/C)

Please note: This information is kept in strict confidence. We cannot process your application without this information. If you have any questions regarding this form, please contact us. It is our policy to collect payment for our services as they are rendered. We do not bill insurance, but we can provide you with an insurance receipt upon request. I, the undersigned, have read the above statement and accept full financial responsibility for all laboratory charges and delivery fees incurred by me, or my dependents for services rendered by ZyGen Laboratory.

Patient Signature: _____

Date: _____



ARTIFICIAL INSEMINATION DONOR (AID) SELECTION FORM

Account#: _____

Name: _____ Husband/Partner: _____

To assist you in the donor selection process, please identify the following:

Patient

Husband/Partner

_____	Eye Color	_____
_____	Hair Color	_____
_____	Complexion	_____
_____	Height	_____
_____	Weight	_____
_____	Blood Type, RH	_____
_____	Ethnic/Origin	_____
_____	Education	_____

Other characteristics desired for donor selection: _____

Donor Choice in order of preference:

Choice#1: _____ Choice#2: _____

Choice#3: _____ Choice#4: _____

Patient signature: _____

Sample Preference (if known):

Straw(s): _____

Non-Washed Vial(s): _____

Washed Vial(s): _____

Sex Selection (pre-washed samples):

Male: _____ Female: _____

Additional Genetic Testing:

You as the recipient of any donor's sample, have the option to request, at your own expense, additional genetic testing, if you may require.

Comments: _____



AUTHORIZATION FOR THE RELEASE OF SEMEN

Account#: _____

I am referring my patient, _____, to ZyGen Laboratory to obtain anonymous donor semen specimens for the purpose of artificial insemination. I hereby authorize her to obtain the specimen(s) directly from ZyGen Laboratory or contact the laboratory to arrange delivery of the semen samples to my office.

She has stated that all specimens obtained from ZyGen Laboratory are for her personal use only. Our office will be performing the insemination procedure. This completed authorization form will remain in effect for all purchases while the patient remains within my practice.

Name of Facility

Physician's Signature

Date Signed

Physician's Name (Please Print)

Medical License #

Address

City

State

Zip Code

Telephone Number

Fax number

To insure you receive the correct type of semen sample(s), please specify the type of semen preparation you require for this patient.

Pre-Washed Straws: _____

Pre-Washed Vials: _____

Number per Cycle: _____

Non-Washed Vials: _____



CREDIT POLICY

Patients / Clients

Account#: _____

Samples may be requested to be held for future use to ensure the availability of a specific donor. These samples must be paid for at the time the hold request is processed. If the sample is to be held for a period longer than one (1) month, a storage fee will be charged.

Samples will be placed on hold only after the samples have completed a 180 day quarantine period.

Refunds:

A refund request, **for samples only**, made within thirty (30) days after the requested hold date will be refunded for the full amount minus a **\$25.00** handling fee.

A refund request made after the initial thirty (30) days and up to ninety (90) days, after the hold request, will be processed at 50% of the original sample cost.

No refund requests will be honored after ninety (90) days following the hold request.

Under no circumstances will a refund be issued to patients/clients for any specimen(s) that leave ZyGen Laboratory. Samples can be returned to the laboratory to be held for your future use only, but a storage fee will apply. The sample(s) returned and held are for your use only and they cannot put back into our inventory. Please contact the laboratory for the current monthly storage fee if this situation should arise.

Please be advised that in the event your doctor determines a post thaw count does not meet our specifications, due to circumstances out of our control, ZyGen Laboratory reserves the right to limit reimbursement to that of the cost of the samples only. The laboratory is not responsible for other medical expenses incurred during your insemination process.

Patient (print name):

Date

Patient Signature

Date



CONSENT FOR USING ANONYMOUS DONOR SPECIMENS FOR ARTIFICIAL INSEMINATION

Account#: _____

Frozen semen donor samples are required to be quarantined for a minimum period of (180) days prior to release for sale. The donor is initially tested and periodically re-tested for communicable diseases, including HIV 1/2 prior to the release of the specimens. Present regulated testing procedures, for the detection of communicable diseases on the donor's samples supplied after the quarantine period, makes it highly unlikely it will be infected. The donors undergo a personality assessment and are interviewed on their medical and educational background. This includes a three generation family history.

Even with all the extensive testing, there is always the possibility of an abnormal birth, an undesirable hereditary tendency, or other adverse consequences. ZyGen Laboratory ensures it's compliance with all government and state law regulations when it comes to genetic testing. Although there are some tests that we do not automatically perform on donors, we offer our patient/recipient the option to have any selected donor tested for any other genetic abnormality, at the recipient's expense.

It is understood that this procedure involves the collection of semen from a donor and the introduction of that semen into the cervix or uterus of the recipient by means of a syringe and catheter. There are some potential risks with this procedure and it is possible, although unlikely, that infection may occur. In very rare cases, after insemination, cramping may occur, which can last for about an hour.

By signing this document, I/ we fully understand the hazards and risks, but nevertheless agree to hold ZyGen Laboratory and the donor(s) free from any suits for damage, injury, or complications, which may result directly or indirectly from artificial insemination.

Upon selection of a qualified donor, I/ we agree not to seek the identity of any donor should a pregnancy occur, unless the donor consents to be identified and/or a court orders the identification of the donor. I/we understand that even though the insemination may be repeated as often as recommended by the physician, there is no guarantee or assurance that a pregnancy or a full-term pregnancy will result.

Patient signature: _____ Date: _____

Patient name (please print): _____

Phone number: _____

Physician name: _____

Physician address: _____

Physician phone number: _____



GENDER SELECTION LIABILITY PROCEDURE FORM

Account#: _____

ZyGen Laboratory offers our patients the opportunity to choose their preferred gender. The laboratory will perform gender separation on a fresh semen sample. We also offer pre-sex selected anonymous donor on frozen semen specimens.

By performing PureSperm Sex Selection, there is a higher possibility that the child will be of the chosen gender. The procedure is not 100% accurate; therefore, we must stress to our patients and clients that we **do not guarantee** the result of the procedure and thus ZyGen Laboratory is not liable for the outcome. Thank you for choosing ZyGen Laboratory to serve you.

Patient Signature: _____

Date: _____

Patient Name (Please Print): _____



INFORMATION FOR ARTIFICIAL INSEMINATION BY DONOR (AID) APPLICANTS

Account#: _____
Tank#: _____

It is more advantageous and reliable to have samples delivered to your physician's office a day prior to your insemination whenever possible, due to the nature of ovulation cycles. If you live in the local area you may eliminate the delivery fee by picking up your sample(s) directly from our facility. There is no local delivery service available on Saturday. Federal Express can deliver (on selected zip codes) on Saturday, with an additional fee.

We offer three (3) different methods to transport semen samples:

1. **LIQUID NITROGEN TANK:** Specimen(s) will remain frozen for up to four (4) days from the day the tank leaves our facility. If you are transporting the specimen(s) in a tank, there is a **\$50.00** tank rental non-refundable fee and **\$10.00** handling fee. The tank must be returned to the laboratory within ten (10) days, or a **\$25.00** late fee charge will apply for every day that is late. During this rental period, if the tank is damaged or lost by you, or your physician's office, a replacement fee of **\$800.00** will be charged to your credit card on file.

Patient Signature: _____ **Date:** _____

2. **POLYFOAM BOX:** This container can be used to transport samples for same day inseminations or overnight delivery for insemination the following day. This container, which is filled with dry ice, will keep the sample(s) frozen for up to twenty-four (24) hours. There is a **\$55.00** non-refundable fee for purchase of the box and dry ice. This method of transporting cannot be used to transfer specimens for storage at your doctor's office for future use. The extreme temperature variation, from dry ice to liquid nitrogen, may damage the specimen's integrity.

3. **POLYFOAM CUP:** This container can be used to transport samples for same day inseminations. Also filled with dry ice, this container will keep the sample(s) frozen for approximately two (2) hours. We recommend that you know the exact time of your insemination before you pick up the sample(s) in this type of container. There is a **\$20.00** non-refundable fee. Payment is required at the time service is rendered. You may request a receipt for submission to your health insurance company. If the samples are to be delivered to your physician's office, rather than being picked up from our laboratory, you can pre-pay with a check, credit card, or money order. Please note: Inseminations are only to be done at your physician's office by a physician or by an authorized trained staff member. We do not recommend home or self-insemination unless you are properly instructed by your attending physician and have signed a "Self Insemination" waiver form, which has been forwarded to our facility prior to shipment of samples.

