

DATE EFFECTIVE: 04/05/10	Photo Match Request Form	FORM: DIS.40h REV: G
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To obtain donor selection assistance with a Photo Match, please select and complete either **OPTION 1 OR OPTION 2** of this form. If both options are completed, only Option 1 will be performed. If you would like both options completed, you will be responsible for two \$60 fees. Please note: not every Fairfax Cryobank donor has an adult photograph available for Photo Matching. Please visit the individual donor information page on our website to see if a donor has Photo Matching available. The cost for a Photo Match is **\$60.00**. Please provide at least two color photos of the person to whom you desire a Photo Match: a frontal and profile photograph. It is recommended to label each photograph with your name. Results will be completed within 3-5 business days of receipt by Fairfax Cryobank. To obtain rushed results, you will be charged the current Fairfax Cryobank rush fee. Mail this form and the photographs to:

Fairfax Cryobank Photo Match Service
3015 Williams Drive #110
Fairfax, VA 22031

We also accept an emailed Photo Match Request Form and emailed photographs; however, **the photographs must be of good quality. If you do not have any electronic photographs of good quality, please mail them to the aforementioned address.** Email photographs and this form to: cryobank@givf.com.

If you would like to fax the Photo Match Request Form, please fax it to: **703-698-3933**. We **do not** accept faxed photographs.

OPTION 1

Review Fairfax Cryobank's current Donor Selection Register and narrow your choices to eight donors or less. Please be sure to check donor availability on the Register. Your photographs will be compared with photographs of the donors you selected and the donors ranked in the order of highest to lowest degree of resemblance to the photographs provided.

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|-------------|-------------|-------------|-------------|
| (1) # _____ | (3) # _____ | (5) # _____ | (7) # _____ |
| (2) # _____ | (4) # _____ | (6) # _____ | (8) # _____ |

OPTION 2

Complete the following respective items that you feel are important. Any information listed below that you feel is not important should not be completed. Your photographs will be compared with photographs of donors currently available to determine a short list of recommended donors which seem to have facial characteristics similar to that of the individual used for matching. Donors will be ranked in order of highest to lowest degree of resemblance to the photographs and information provided.

Race (Caucasian, Black, Asian, Other) _____

Ethnic Preferences _____

Jewish [] Yes [] No

Specimen prep [] IUI [] ICI [] IUI or ICI

Please list the order of importance next to each applicable item and circle the appropriate information

Height (ft-in)	_____	5-9	5-10 to 6-0	6-0 to 6-2	6-2 to 6-4	6-4
Weight (lbs)	_____	150	150 to 170	170 to 190	190 to 210	210
Skin tone	_____	light	med-light	medium	med-dark	dark
Eye color	_____	brown	blue	hazel	green	
Hair color	_____	blond	brown	black	red	

Please list any other characteristics that you feel are important _____



COMPANY CONFIDENTIAL AND PROPRIETARY

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METHOD OF PAYMENT (personal checks or cash not accepted)

Card type: Visa Mastercard American Express Discover

Card number: _____

Name on the card: _____ Expiration date: _____

RESULTS

Check the appropriate box for the preferred method to receive photo match results

US Mail FedEx overnight (\$30.00) Fax# _____

E-mail _____

Please return photos yes no*

*Please note if photos are returned follow up questions cannot be answered in most cases. If results are faxed or e-mailed, photos will be returned via US Postal Service. International FedEx Priority rate is \$60.00 USD.

TERMS AND CONDITIONS

We are specifically requesting that Fairfax Cryobank provide Photo Matching assistance and make a recommendation of a donor for final selection by us.

We understand that Photo Matching by Fairfax Cryobank is a recommendation of a donor and that the final decision of donor selection is solely our own. Fairfax Cryobank will make a reasonable effort to Photo Match a donor based on the information and photos provided by us. Photo Matching is a subjective process and results may be inconsistent based on the individual performing the match.

We understand and accept that Fairfax Cryobank and the Genetics & IVF Institute, its management, physicians, laboratory directors, and other personnel do not assume responsibility or liability for the accuracy of Photo Matching or the physical, mental, or other characteristics of any child or children born as a result of the use of any donor from Fairfax Cryobank.

This represents the entire agreement between us and Fairfax Cryobank concerning Photo Matching; that there are no understandings, agreements, or representations other than as herein set forth, and we agree to all the terms, conditions and statements described in this document.

Name (PRINT)

Partner Name (PRINT)
(If applicable)

Signature

Partner Signature
(If applicable)

Date

Date

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ HOME: _____ E-MAIL _____