CRYO *BIOLOGY* ™

Photo Match Information Sheet

Patient Name: _____ Phone (day): _____

Address: _____ Email: _____

City, State, Zip: _____ _____ _____

Please fax, mail, or e-mail (scan) this document with your photos to Cryobiology, Inc.: info@cryobio.com.

RESULTS: Check the preferred method to receive photo match results: ☐ Email ☐ US Mail ☐ Phone

PAYMENT METHOD: Please indicate your method of payment: ☐ Check ☐ Money Order ☐ Credit Card

Photo Match = $50

For security purposes, if paying with a credit card, please call in your payment to 614-451-4375.

Please complete the items below that you feel are important in your match. If an item is left blank, it will not be used in your photo match.

1= very important, 5= not important

	Rank	Characteristic
Race		☐ Caucasian ☐ Black ☐ Asian ☐ Indian ☐ Hispanic ☐ Mediteranean ☐ No Preference
Height		☐ < 5'9 ☐ 5'10-6'0 ☐ 6'1-6'3 ☐ >6'4
Weight		☐ <150 ☐ 151-170 ☐ 171-190 ☐ 191-210 ☐ >211
Skin		☐ Light ☐ Medium ☐ Dark
Eyes		☐ Brown ☐ Blue ☐ Hazel ☐ Green ☐ Other_____
Hair		☐ Blond ☐ Brown ☐ Black ☐ Red ☐ Other_____
Blood Type		Female ☐ A ☐ B ☐ O ☐ AB ☐ Unknown RH: ☐ Positive ☐ Negative Male ☐ A ☐ B ☐ O ☐ AB ☐ Unknown ☐ Positive ☐ Negative
Prep		☐ IUI ☐ ICI ☐ No Preference

Please list any other characteristics you would like us to consider: _____

_____

_____

Review and sign below: _____

The match will be performed by comparing your photo to ALL available donors on our listing. We will only use characteristics you have listed above, so please review this form carefully before submitting it for your match. We will release the results of up to 4 top matches.

I understand the photo match will be performed using the criteria indicated above. Results are the opinion of Cryobiology, Inc. staff. Results are in no way a guarantee of any resulting offspring's phenotype due to naturally occurring genetic variations.

_____ _____

Signature Date

Date Received at Cryobiology:_____ by _____

Cols drive/ 4-12-16