

FAIRFAX CRYOBANK
A GIVF Cryobank

3015 Williams Drive, Ste 110, Fairfax, VA 22031 Phone: 703-698-3976

DONOR PHOTO PROGRAMS
INSTRUCTIONS AND PATIENT CONSENT AGREEMENT

Instructions:

1. Read this consent carefully and if you agree with these terms, please sign as indicated.
 2. Complete the order information, including payment information. Indicate the type of photo set(s) you are ordering and the donor number(s). **A separate signed consent is required for each donor selected.** However, several photo sets may be ordered together on the same order form. You may make copies of an unsigned Consent Agreement as needed for additional donors selected.
 3. Mail or FedEx for weekday delivery the original signed consent(s) and order form to the address listed on the final page of this document.
 4. The order will be processed on arrival and you can expect the photo set(s) to arrive by mail (or FedEx if you select this option) shortly thereafter. We will contact you by phone only if there are questions regarding your order.
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PATIENT CONSENT AGREEMENT

We, the undersigned recipient (and her partner if applicable) understand and agree that we have chosen to participate in the Donor Photo Program of the Genetics & IVF Institute Cryobanks Division (hereinafter GIVF Cryobanks) for Donor # _____ (“Donor”). We understand and agree to the following conditions:

1. We understand that we must sign and return this consent and release form to the Canadian distributor CAN-AM Cryoservices Corp. before CAN-AM Cryoservices Corp. will ship photograph(s) of the donor. If we are requesting photographs on multiple donors, we understand we must sign and return a separate consent and release form for each donor.
2. We, on behalf of ourselves and any Offspring, hereby irrevocably and unconditionally release and discharge GIVF Cryobanks and its past, present, or future directors, employees, distributors and affiliates, and the donor from any and all claims, actions, liabilities, charges, costs, demands, debts, obligations, and expenses (including reasonable attorneys’ fees and legal expenses) of any nature that we or any of our Offspring, heirs or assigns now has, ever has had, or may in the future have related to the Donor Photo Program. We hereby agree that we shall, and shall cause our Offspring, heirs or assigns to refrain from bringing any legal or equitable action against GIVF Cryobanks or the GIVF Cryobanks’ Affiliates for any reason in any way related to the Donor Photo Program.
3. We, on behalf of ourselves and any Offspring, agree to keep anonymous the Donor photo(s) received from GIVF or CAN-AM Cryoservices Corp. and not publicize or otherwise publish the photos for any reason. We, on behalf of ourselves and any Offspring agree not to attempt to contact the Donor or

attempt to discover the identity of the donor, including personal information about the Donor. We agree that we will, and will cause any Offspring to hold the photo(s) in strict confidence. We acknowledge that any attempts by us or Offspring to contact the Donor or publish the photos would cause immediate and irrevocable harm to the Donor and would be the basis for obtaining an immediate injunction.

4. I and my partner (if applicable) will be named on the birth certificate of any child born using a semen donation from the Donor. We understand that the Donor will have no legal relationship, rights or obligations to any child born using his donated semen.

5. This agreement shall be binding upon ourselves and our Offspring, assigns, heirs, executors and administrators. This represents the entire agreement between the parties concerning the subject matter; and there are no understandings, agreements, or representations other than as herein set forth. The agreement shall be binding upon the parties and their respective assignees, heirs, executors, and administrators. This agreement shall be construed in accordance with the laws of the State of Virginia, USA.

In Witness Whereof, I have executed this consent and release form for Photo privileges on the Donor

#_____, this_____ day of _____, 2_____.

Signature of Recipient

Signature of Recipient Partner (if applicable)

Printed Name

Printed Name

Address

Address

City, Province, Postal Code

City, Province, Postal Code

(____)_____
Phone Number

(____)_____
Phone Number

Witness Printed Name

Witness Printed Name

Date Witnessed

Date Witnessed

Witness Signature

Witness Signature

