



ORDER PREPARATION FORM (OPTIONAL)

For your personal use only. Please fill in the following information and have it on hand when you call to place your order.
***Please do not fax this sheet to us. All orders must be called in to a Client Services Representative at (800) 231-3373, ext. 7100.**

ACCOUNT INFORMATION

Client Name: _____

Account Number: _____

Please have your Credit Card Information on hand.

DONOR INFORMATION

First Donor Choice#:

Hair Color: _____

Eye Color: _____

Color Code (white/black/yellow/red): _____

Second Donor Choice#:

Hair Color: _____

Eye Color: _____

Color Code (white/black/yellow/red): _____

Third Donor Choice#:

Hair Color: _____

Eye Color: _____

Color Code (white/black/yellow/red): _____

Mother's Maiden Name: _____

Doctor's Name: _____

Height: _____

Weight: _____

Blood Type: _____

Height: _____

Weight: _____

Blood Type: _____

Height: _____

Weight: _____

Blood Type: _____

SHIPPING INFORMATION

Number of Specimens you will be Ordering _____ Type of Specimen (ICI/IUI/A.R.T.) _____

Date you would like the Specimen to arrive (orders can be placed 1-2 weeks in advance): ____/____/____

We recommend that you request your shipment to arrive at least 1 day prior to use.

Type of Shipment (Standard/Priority Overnight/Pick-Up): _____

Standard is overnight delivery by 5:00 p.m. Priority is overnight delivery by 12:00 p.m. (noon)

Ship-To Address:

Name _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____