



# 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. Attn:photo match

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

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

**Option #1= \$30**

**Option #2= \$50**

Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

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

1= very important, 5= not important

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

Please list any other characteristics you would like us to consider: .....  
 (continue on the back if needed)

Choose an option below:

**OPTION 1:** Review our donor listing and narrow your donor choices to eight donors or less. Your choices will be ranked using the photograph you have submitted and the information provided on this form.

Donor # \_\_\_\_\_ Donor # \_\_\_\_\_ Donor # \_\_\_\_\_

Donor # \_\_\_\_\_ Donor # \_\_\_\_\_ Donor # \_\_\_\_\_

Donor # \_\_\_\_\_ Donor # \_\_\_\_\_

**OPTION 2:** 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 6 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 \_\_\_\_\_

Linda's computer, desktop, "Photo Match"

3-1-04