

INTERNATIONAL CRYOGENICS, INC.

32121 WOODWARD AVE #205 ROYAL OAK, MI 48073

PHONE 248-397-8449

FAX 248-397-8392

Donor Application

Please print

Name _____

Address _____

City _____ State _____ Zip _____

Phone # (____) _____ Email Address _____

Preferred method for us to contact you. (please check all that apply)

Email _____ U.S Mail _____ ok to call _____

1. Age _____ Height _____ Weight _____

2. Hair Color _____ Eye Color _____

3. Ethnic Background (example: Irish, German, African American) _____

College Education _____

(List degree and major or how many years completed)

Are you still attending College or Graduate School? Yes _____ No _____

4. Are you currently employed? Yes _____ No _____

If yes, occupation _____

5. Married _____ Single _____ Divorced _____ # Children _____

6. Please indicate your sexual preference Women only _____ Men only _____ Both _____

7. Would you be able to donate for at least 12 months? _____

8. In our donor program you can only be a non-smoker and no recreational drug use
(we utilize testing).

9. Approximately how many alcohol drinks per week _____ per month _____ Do not drink _____

10. Please list below any medications that you have taken within the last 6 months.

Medication	Reason
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Medication	Reason
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11. Medical history past and present. List conditions such as allergies, asthma, genetic disease or other illnesses in yourself and your family.

12. Have you traveled in the past 6 months? If Yes, list where and dates traveled _____

12. How did you hear about us? _____

13. Why do you want to be a donor? (Financial reasons are acceptable) _____

If we are in need of donors fitting your physical profile, you will be notified by email or U.S. Mail which ever you indicated above. If notified, you will need to call our office to set up your initial appointment. The available times for your initial appointment are Monday thru Friday 9:30 am to 3:00 pm. If you are accepted into the donor program, hours are more flexible after initial visits. We see new donor applicants by appointment only. Donors are not paid for initial specimens if they are not accepted into the program.

Signature _____ Date _____

This form is an application only and in no way commits International Cryogenics to any form of contractual agreement with the above applicant