WEST COAST FERTILITY CENTERS
WWW.IVFBABY.COM EST. 1988

Request for a Specimen Kit from West Coast Fertility Centers Laboratory

Please print this form, complete the information and **FAX to (714) 751-1554**. Please confirm your shipping address. The kit contains complete instructions and documents for specimen collection and shipment.

Full Name: _____

Address: _____

City, State, Zip Code: _____

Country: _____ Phone: _____

Email: | | | | | | | | | | | | | | | | | | | | | | | | |

Please indicate your shipping preference and payment below.

___ Standard domestic (2-Day)/ priority overnight return ($110.00)
Does not include Saturday delivery.

___ One way returns to WCFC. ($70.00 when patient picks up specimen kit, and return via Fed- Ex priority overnight.)

Payment may be made with Visa, MasterCard, or Discover. **We do not accept American Express**. Payment information can be provided via email. Your card will be charged at the time your kit is shipped.

Credit Card # _____ Visa MasterCard Discover

Expiration Date: _____ 3-digit security code: _____

Please be aware that once the kit is shipped to you, **you are responsible for its return to us**, regardless of whether you do not use it. If you find you have no need for the kit, please return it to us. Unreturned kits beyond 3 months from the outgoing date will result in an additional charge of $50.00 to you.

Thank you very much!

West Coast Fertility Centers Laboratory
11160Warner Avenue, Suite 411, Fountain Valley, CA 92708 Office: (714) 513-1399