

**BILLING INFORMATION FOR TRANSFERRING  
CLIENT DEPOSITORS FROM ANOTHER BANK**

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Date of initial call \_\_\_\_\_

Patient with units to transfer \_\_\_\_\_

Bank units being transferred from:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Contact person \_\_\_\_\_

Intended date to ship \_\_\_\_\_

Ship our tank \_\_\_\_\_ **or** Bank shipping their tank \_\_\_\_\_

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***Patient Information***

Names \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

email \_\_\_\_\_ Date of Birth \_\_\_\_\_

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***Payment Information***

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_

Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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***Fees***

Shipping \$195.00

Handling fee (file set  
up and inventory transfer) \$75.00

Evaluation of unit \$55.00/unit

Storage fee 1 year \$300.00 tested negative units, positive test \$600.00

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Lab protocol: Before transfer, send patient XTS release to Transfer form, Storage Agreement, blood draw order and HIV consent (if missing blood tests). Once all paperwork received, tank can be shipped.