

The Sperm & Embryo Bank of New Jersey, Inc.™ **SEBNJ**

FDA Registered • Licensed by New York State Department of Health Licensed by New Jersey State Department of Health (CLIA)
187 Mill Lane • Mountainside, NJ 07092 • 908-232-6844 • 800-637-7776 • Fax-908-232-2114

<u>Semen Processing and Storage Fees* for Client Depositors</u>

Effective 01/01/2013

<u>First Visit / Consultation</u>: During the first visit a one-hour consultation is conducted to discuss the client's needs and to provide an explanation of services. In addition, the client depositor may produce a semen sample and have blood drawn to begin the storage process.

Sperm Cryopreservation and Processing Fee \$ 360.00 Includes the following: Morphology (Strict Kruger) Consultation, Document Review and Post Thaw analysis (N/C) Initial 30 day Storage Fee: \$100.00 First Visit/ Total Payment \$460.00 Mandatory Blood Samples and Cultures will be obtained and sent to a reference laboratory. Additional costs apply. **Second Visit:** Sperm Cryopreservation and Processing Fee \$ 185.00 Balance of yearly storage fee for 11 months \$ 425.00 Second Visit / Total Payment \$ 510.00 Each Subsequent Visit (deposit) Sperm Cryopreservation and Processing Fee: \$ 185.00 Short or Long Term Storage Fees Any 30-day period \$ 100.00 Long -term storage (12 month period) \$ 425.00 Annual Billing / 12 month cycle

Sperm Bank will only destroy samples upon receipt of SEBNJ notarized Notice for Destruction form

THESE FEES ARE NON-REFUNDABLE AND ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE

* Charity Care Fee Structure for Eligible Client Depositors



Sperm Cryopreservation and Processing Fee

The Sperm & Embryo Bank of New Jersey, Inc. ™ SEBNJ

FDA Registered • Licensed by New York State Department of Health • Licensed by New Jersey State Department of Health (CLIA)
187 Mill Lane • Mountainside, NJ 07092 • 908-232-6844 • 800-637-7776 • Fax-908-232-2114

Semen Processing and Storage Fees* for Client Depositors High Risk Infectious Disease** Effective 12/01/2011

<u>First Visit / Consultation:</u> During the first visit a one-hour consultation is conducted to discuss the client's needs and to provide an explanation of services. In addition, the client depositor may produce a semen sample and have blood drawn to begin the storage process.

\$

360.00

Includes the following:	Ψ	000.00
Morphology (Strict Kruger)		
Consultation, Document Review and Post Thaw analysis (N/C)		
Initial 30 Day Storage Fee:	\$	250.00
First Visit/ Total Payment	\$	610.00
Mandatory Blood Samples and Cultures will be obtained and sent to a reference laboratory Additional costs apply.	/ .	
Second Visit:		
Sperm Cryopreservation and Processing Fee:	\$	200.00
Balance of yearly storage fee for 11 months	\$	500.00
Second Visit/ Total Payment	\$	700.00
Each Subsequent Visit (deposit) Sperm Cryopreservation and Processing Fee:	\$	200.00
Short or Long Term Storage Fees		
Short-Term (based on any 30 – day period)	\$	250.00
Long –term storage (12 month period) Annual Billing / 12 month cycle	\$	750.00

** As described by the Center for Disease Control, for details see www.fda.gov

Sperm Bank will only destroy samples upon receipt of SEBNJ notarized Notice for Destruction form

THESE FEES ARE NON-REFUNDABLE AND ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE

* Charity Care Fee Structure for Eligible Client Depositors

FEE STRUCTURE FOR MILITARY AND LAW ENFORCEMENT PERSONNEL On Active Duty

Effective 01/01/2013

SERO NEGATIVE CLIENTS:

First-Initial Year

- Fees per visit/ processing of sample(s) -----\$125.00
 1-year storage -----\$235.00
- For a total of >>>>>>> \$360.00

Fees are to be paid in full at the time of Initial/first visit

 Mandatory Laboratory Testing** Fees are not included and will be billed separately by reference laboratory.

Storage After First Year (as long as on active duty)

Storage for every year thereafter >>>>>>\$235.00/year

Billing statements will be sent to your parent/spouse/partner or a designated individual. OR

You may choose to have us schedule charging your credit card account on-file. An e-mail or fax will be forwarded to you three to four days prior to applying the charge to your credit card.

BLOOD

Blood Group and Rh
Hepatitis B Surface Antigen
Hepatitis C Virus Antibody
Hepatitis C Virus (NAT)
HIV ½ Antibody
RPR – Syphilis Serology
HTLV 1 & 2
HIV-1(NAT)

Microbiological culture of semen for B-Streptococcus Ureaplasma/ Mycoplasma

Urine

Chlamydia/PCR and Gonorrhea/PCR

For further information or to schedule an appointment, please call: 908- 654-8836 908- 232-6844 800-637-7776

^{**}The following laboratory tests are mandatory: