

Buy Back Request Form

Please complete all the	fields and email th	e completed form to: B	uyBack@SussexSpermE	<u>Bank.com</u>
Customer Name:				
Phone Number:				
Email Address:				
Order Number:				
Order Date:				
Donor Code/Name:				
Number of Vials Purcha	ased:			
	IUI:	ICI:	IUI ART:	ICI ART:
Vials to Return: Reason for Return: Bank Name Sort Code Account Number			IUI ART:	
The only method available for the retu funds is via direct bank transfer. Achieved Pregnancy: Sussex Sperm Bank rei our lab in Hove, UK.	Yes	1 1	purchase price for any un	nused units that are stored at
Our buy back program storage fees, or to any	discounts offered.	All vials must have be	does not apply to any sheen purchased and store lility are no longer eligible	ed at Sussex Sperm Bank
	eive a refund. Disco	ounts or promotions a	re not available for refu	and family slots must be up nds. Any refunds will be
Terms and conditions a	re subject to chang	е.		
Signed Patient 1:			Date	e:
Signed Patient 2:			Date	e.