

ⓧ CryoGam  
Ⓢ Colorado, LLC

## LN<sub>2</sub> Dry Shipper Rental Agreement

**Patient's Name:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

Please read the following statements of understanding regarding the use and rental of a liquid nitrogen dry shipper from CryoGam Colorado, LLC.

- I understand that there is a *non-refundable* packaging and handling fee due at the time of pick-up/shipment of the liquid nitrogen (LN<sub>2</sub>) dry shipper.
- I understand that CryoGam Colorado, LLC, only guarantees that a LN<sub>2</sub> dry shipper will remain charged (able to keep specimens viable) for 7 days **if handled properly**, and that specimens left in the tank longer than 7 days are not guaranteed to be usable.
- I understand that I/my physician must return or ship the LN<sub>2</sub> dry shipper within 7 days from the day of pick-up/shipment to avoid any late fees. I will not be charged a rental fee for the use of the LN<sub>2</sub> dry shipper as long as the LN<sub>2</sub> dry shipper is returned by the expected return date.
- I understand that if the LN<sub>2</sub> dry shipper is not returned by the expected return date, my credit card will be charged a late fee of \$35.00 per day until the LN<sub>2</sub> dry shipper is returned.
- I understand that I must schedule an appointment with CryoGam to return the LN<sub>2</sub> dry shipper. (No appointment is necessary to return the tank if the tank is to be *shipped* back to CryoGam.)
- I understand that I/my physician must return the LN<sub>2</sub> dry shipper in proper working condition. I understand that if the LN<sub>2</sub> dry shipper is damaged upon return, my credit card will be charged a replacement fee of \$900.00.
- I agree to provide my credit/debit card (VISA, MasterCard, or Discover) information to be kept on file with CryoGam. (Credit/debit card information must be provided at time of order placement or pick-up.) I understand that any late fees or the replacement fee will be charged to my credit card as stated above.

I have read and understand all statements written in this LN<sub>2</sub> Dry Shipper Rental Agreement and do hereby agree to abide by the terms.

**Patient's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

CryoGam Employee

**Date:** \_\_\_\_\_

2216 Hoffman Dr. Unit B

Loveland, CO 80538

800-473-9601

