

CryoGam  
Colorado, LLC

## LN2 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 (LN2) dry shipper.
- I understand that LN2 dry shippers used by CryoGam are tested prior to use and are in working order upon departure, but that CryoGam cannot control how a tank is handled once it leaves our facility.
- I understand that the LN2 tanks used by CryoGam to ship specimens are for shipping only and that storage in the tank is not advised nor warranted.
- I understand that I/my physician must return or ship the LN2 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 LN2 dry shipper as long as the LN2 dry shipper is returned by the expected return date.
- I understand that if the LN2 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 LN2 dry shipper is returned.
- I understand that I must schedule an appointment with CryoGam to return the LN2 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 LN2 dry shipper in proper working condition. I understand that if the LN2 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, Discover, or American Express) 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 acknowledge that CryoGam will not be held responsible for loss or damage that may occur to the specimen(s) and cannot be held responsible for specimen quality and condition upon arrival at the Receiving Facility.

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

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

CryoGam Employee

**2216 Hoffman Dr. Unit B**

**Loveland, CO 80538**

**800-473-9601**