

**BILLING INFORMATION**  
**CELL CULTURE AND FREEZING**

**Thank you for choosing Texas A&M University's Equine Embryo Laboratory for work with your valued horse.**

While collection of cells for freezing from your horse are billed by the veterinarian who collects them, the fees for culturing and freezing your horse's cells are charged directly from the Equine Embryo Laboratory. These fees include:

- \$2,000 for processing of tissue for cell culture and cryopreservation
- \$2,500 for processing two tissue cell lines from the same animal for cell culture and cryopreservation
- A surcharge of \$200 will be assessed if cells are processed after working hours (after 6:00 PM or on weekends or holidays)

To enable our lab to perform the work with your horse, enclosed is a credit card authorization form to be completed and returned as soon as possible. You will have the choice of charging fees to your card (this incurs a 3% processing fee) or paying by check within 60 days of receiving the invoice for our services. The invoice will be sent after the cell culture and freezing procedures are completed, along with a contract with Bovine Elite, a local company that can store the cells. Please let us know if you wish the cells sent to a different facility for storage. Cells will not be transferred to a storage facility until payment has been made. If payment is not received within 60 days of the date of the invoice, your credit card will automatically be charged for the amount of the invoice, plus the 3% processing fee.

We ask that you **COMPLETE, SIGN, and RETURN** the Equine Embryo Laboratory credit card authorization form. Credit card information is **REQUIRED**, regardless of the method of payment. **Please fax (979-845-0967) or email ([scamacho@cvm.tamu.edu](mailto:scamacho@cvm.tamu.edu)) the signed authorization to our office.**

Thank you once again for choosing our laboratory. Our team looks forward to providing you with the best service possible. If you have any questions or concerns please feel free to contact Ms. Sheila Spacek at the laboratory, (979) 458-3894 or Dr. Hinrichs at her office, (979) 862-1338.

Equine Embryo Laboratory  
College of Veterinary Medicine and Biomedical Sciences  
Texas A&M University  
TAMU 4466, College Station, TX 77843-4466

# Credit Card Authorization

## EQUINE EMBRYO LABORATORY FEES



Please note that while fees for oocyte, embryo, or tissue collection are charged by your veterinarian (this includes the Veterinary Medical Teaching Hospital at Texas A&M), fees for working with your oocytes, sperm, embryos or tissue in the Equine Embryo Laboratory are charged directly from the laboratory.

You will receive an invoice from the Equine Embryo Laboratory for these services. You can pay either by credit card, which incurs a 3% processing fee, or by cash or check to Texas AgriLife Research. If you choose to pay by cash or check, if payment is not received within 60 days of billing, we will charge your credit card for the amount of the invoice, plus the 3% credit card fee.

By filling out and signing the credit card authorization below, you authorize AgriLife Research to charge to your credit card the fees incurred, as outlined above. **Note: The amount and invoice number will be entered by us at the time of the charge.**

Please check one of the following boxes:

**I choose to pay by check or cash to Texas AgriLife Research**

Credit card authorization will be held, and charged only if payment is not received within 60 days of billing.

**I choose to pay by credit card to Texas AgriLife Research (incurs a 3% processing fee).** Credit card will be charged at the time of invoicing.

Please fax (979-845-0967) or email (scamacho@cvm.tamu.edu) signed authorization to our office.

Questions? Contact Sheila Spacek (979-458-3894) or Sybil Camacho (979-845-6632)

AG-223B (7/10)

Texas A&M AgriLife  
Administrative Services – Cash Management



# Credit Card Authorization

Texas AgriLife Research Cash Management accepts MasterCard, Visa, Discover, and American Express.  
A valid zip code and daytime phone number are required.



MasterCard



Visa



Discover



American Express

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Cardholder Zip Code: \_\_\_\_\_

Cardholder Daytime Phone: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Cash Receipt/Invoice Number: \_\_\_\_\_