CRYOPRESERVATION UNIT

1200 Absolute Zero Way
Biostasis Plaza, CA 90210
contact@cryounit.local

INVOICE

Date: [Date]

Invoice #: [000000]

Patient ID: [ID-000]

BILL TO

[Guarantor Name]
[Address Line 1]
[City, State, Zip]

SUBJECT INFO

Name: [Subject Name]
Storage Protocol: [Standard/Neuropreservation]
Dewar Assignment: [Unit-XX]

Service Description	Period / Qty	Unit Price	Amount
Long-term Liquid Nitrogen Maintenance & Monitoring	[1 Year]	$[0.00]	$[0.00]
Biostasis Perfusion Supplies & Consumables	[1]	$[0.00]	$[0.00]
Emergency Standby & Deployment Fee	[Fixed]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Regulatory Fees: $[0.00]
Total Due: $[0.00]

Payment Terms: Due within 30 days. Please include Patient ID with your remittance.

This document serves as a maintenance record for cryopreserved biological remains. All biological stability protocols are monitored 24/7. In case of institutional emergency, contact the Chief Medical Officer immediately.