

Donor Sperm Order Form

Return this form before cycle day 4 of your menses to receive your specimen in time for insemination and to avoid additional express shipping fees.

Fax completed form to the Clinical Nurse Department at (616) 988-2008

A new, signed order form is needed for each order request

Patient first name: _____ Last name: _____

DOB: _____ SS# (required): _____

Anticipated date of menses for treatment month: _____

Payment is required for all specimen orders. If you do not receive a call from billing within 2 days of placing your order, you are responsible for calling to make your payment so your order is not delayed.

Preferred sperm banks: International Cryogenics (MI), Ohio Cryobiology, and California Cryobank
Only one donor will be used per insemination (we do not mix donor specimens)

Ordering Info	#1 Preferred Donor	#2 Secondary Donor
Donor ID#		
Sperm bank		
Number of vials to be ordered		
<i>NOTE: When available, order:</i>		
<i>Washed specimens for IUI (intrauterine insemination) and unwashed for IVF (in vitro fertilization).</i>		
Washed or unwashed?		
Donor race		
Donor eye color		
Donor hair color		
Donor height		
Donor blood type		

Female signature: _____ Date: _____

Partner signature: _____ Date: _____

FERTILITY CENTER OFFICE USE ONLY:

Donor ordering info (characteristics) confirmed

Sperm bank FDA registration current;

Or, if unavailable, verbal confirmation of registration: Initials: _____ Date: _____

Date ordered: _____ Date expected: _____

Confirmation # (if applicable): _____ Staff initials: _____

Quoted price: \$ _____ Billing Emailed: _____

Sperm Tank Verification

Date	# vials rec'd	Vials intact?	Vials frozen?	Acceptable?	Vials ID'd by	Tank
		Y N	Y N	Y N		
		Y N	Y N	Y N		

Notes: _____