

# Donor Sperm Order Form

(Patient Ordering)

**Email this form and order sperm before cycle day 4 of your menses to receive your specimen in a timely manner to avoid additional express shipping fees.**

Return completed for via email: [donorspermorder@mrivf.com](mailto:donorspermorder@mrivf.com)

**A new, signed order form is needed for each shipment**

Patient first name: \_\_\_\_\_ Last name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# (required): \_\_\_\_\_

Anticipated date of menses for treatment month: \_\_\_\_\_

Date ordered \_\_\_\_\_ Date specimen to arrive \_\_\_\_\_

**\*\*\*TFC WILL NOT ACCEPT A SPECIMEN WITHOUT THIS ORDER FORM. IT WILL BE SENT BACK THE SAME DAY TO THE SPERM BANK AND YOU WILL BE CHARGED ADDITIONAL SHIPPING.\*\*\***

**Preferred sperm banks: [California Cryobank](#), [International Cryogenics, Inc.](#), and [Xytex](#)**

**Only one donor will be used per insemination (we do not mix donor specimens)**

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

Female signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FERTILITY CENTER OFFICE USE ONLY:**

Patient lab work/TDI consents/counselor appt. current

Sperm Bank FDA registration current

Staff initials \_\_\_\_\_ Date \_\_\_\_\_

**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		
		Y N	Y N	Y N		