

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

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: [Fairfax Cryobank](#), [Seattle Sperm Bank](#), [California Cryobank](#), and [Xytex](#)

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

Ordering Info	<i>NOTE: When available, order: Washed specimens for IUI (intrauterine insemination) and unwashed 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		