THE SPERM BANK OF CALIFORNIA
Reproductive Technologies, Inc.
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RECIPIENT INFORMATION

Please complete all the information on this form. The information you provide is confidential.

Today's date____/_____/_____

_____ Name of your Registered Health Professional

_____ Name of Medical Group or Clinic (Include city, state)

Your Name _____ birth date_____/_____/_____
first last mo day year

Home address _____
Street City State Zip

❑Home ❑Work ❑Cell _____ ❑Home ❑Work ❑Cell _____

Can confidential messages be left? ❑ yes ❑ no Can confidential messages be left? ❑ yes ❑ no

Your Email address: _____ OK to Email? ❑ yes ❑ no

If applicable:
Spouse/Partner name: _____

Is partner a registered recipient? ❑ yes ❑ no Ph: _____Messages OK? ❑ yes ❑ no

Have you ever attempted donor insemination before? ❑ yes ❑ no

What type of insemination(s) are you planning? ❑ Vaginal ❑ IUI ❑ IVF

How did you hear about TSBC? ❑Friend ❑ Doctor ❑ Internet ❑ Book ❑ Other_____

Would you like to receive our newsletter via email? ❑ yes ❑ no
We never sell, rent, or give away our mailing list to any other company or organization.

Any comments or concerns? _____

I authorize TSBC to charge my $100 registration fee to the credit card listed below.

MC/VISA/Discover # _____/_____/_____/_____ Exp. Date _____/_____

Name on card _____ Signature_____

Optional: *Completing this section is optional and will help TSBC better serve our clients*

Relationship Status: Single ❑ Partnered ❑ Married ❑ Other ❑_____

Sexual Orientation: LGBTQI ❑ Heterosexual ❑ Other ❑_____

Ethnicity: *Please check all that apply*:
❑African Descent ❑ American Indian Descent ❑Asian Descent ❑Caribbean Descent ❑European Descent
❑Latino Descent ❑Middle Eastern /Arab Descent ❑Pacific Island Descent ❑Other _____

Office use only:
TSBC acct. # _____ date entered _____/_____/_____ Initials _____