

PREGNANCY OUTCOME (web)

We maintain complete records of pregnancy outcomes that include not only births, but also pregnancy losses and stillbirths. This helps us maintain a donor's family limit, track health and medical information for donors, recipients, and children, and provide ongoing services to families after children are born.

This report concerns your most recent pregnancy with TSBC samples. If you are unsure about a question, just leave it blank. We'll contact you if we need clarification. We guarantee complete confidentiality. No identifying information will be released. Thank you for your time.

Recipient name: _____

Partner name (if applicable): _____

Have you moved? If yes, please give us your new address & phone number:

Donor #: _____ TSBC pregnancy #: _____

Outcome:

Live birth: *Singleton* *Twins* *Triplets* Date of delivery: _____ At _____ weeks

Pregnancy Loss: Spontaneous miscarriage at _____ weeks. Miscarriage # _____

Therapeutic abortion at _____ weeks. Miscarriage # _____

Stillbirth at _____ weeks.

Other: _____

Pregnancy Normal? *No* *Yes (please identify the primary problems)*

Abnormal fetus position *Bleeding* *Placenta problem* *High blood pressure* *Gestational diabetes*
Pre-eclampsia *Toxemia* *Other: _____*

Problems at delivery? *No* *Yes (please identify the primary problems)*

Breech *Hemorrhage* *Pitocin induction/augmentation* *Fetal distress* *Other: _____*

Delivery Setting:

Home *Birthing ctr* *Hospital birthing ctr/rm* *Labor/delivery room* *OR* *Other: _____*

Type of delivery:

Spontaneous vaginal *Induced vaginal* *Suction* *Forceps* *C-section* *Other: _____*

Child #1 Name: _____ Sex: *female* *male* APGAR score #1: _____ score #2: _____

Infant health: *excellent* *good* *fair* *poor* Weight: _____ Length: _____

Birth/genetic defects or other problems: _____

Child #2 Name: _____ Sex: *female* *male* APGAR score #1: _____ score #2: _____

Infant health: *excellent* *good* *fair* *poor* Weight: _____ Length: _____

Birth/genetic defects or other problems: _____

Interested in purchasing sibling inventory? *Yes* *No* *Maybe* (Buy ASAP to guarantee availability.)

Thank you very much for your time!

Internal use only:

Name/address changed in great plains ...in chart CC/O/FSL Review storage Change vials to sibling status

07/03/08

Please return to:

The Sperm Bank of California
(Reproductive Technologies, Inc)
2115 Milvia St., Suite 201
Berkeley, CA 94704-1157

Phone (510) 841-1858

Fax (510) 841-0332

info@thespermbankofca.org