

PREGNANCY REPORT (web)

We maintain complete records of pregnancies. 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. Thank you.

Recipient name: _____

Partner name (if applicable): _____

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

Donor that resulted in this pregnancy: # _____ Recipient's age at insemination: _____

Insemination Dates: #1: ____/____/____ #2: ____/____/____ #3: ____/____/____
mo / day / yr mo / day / yr mo / day / yr

If you used IVF, are the insemination dates the date of: *retrieval* or *transfer*

Insemination Information: (circle one)

Vaginal Pool (ICI) *Intra-uterine (IUI)* *IVF* *ICSI* *Surrogacy*

Did you use egg donation? *Yes* *No* If yes, did you use your partner's eggs? *Yes* *No*

Insemination setting: *Home* *Clinic/MD office* Due date: _____

Cycle #: _____ # of vials used: _____ # of vials not used (i.e., still at doctor's): _____

How were the vials transported? *Shipped* *Picked-up* Transported in: *Liquid N₂ Tank* *Dry Ice*

Means to determine ovulation: (circle all that apply)

Ovulation predictor kit *Ultrasound* *Cervical exam* *Fertility monitor* *HCG trigger shot*

Blood test(s) *Basal body temp* *Mucus* *Controlled cycle (i.e., IVF)* *Mittelschmerz pain*

Other: _____

PREGNANCY REPORT (con't)

Fertility drugs used for this conception? *Yes* *No* If yes, which one(s): _____

How many pregnancies have you had with TSBC? _____

Do you have other TSBC children? *Yes* *No* If yes, how many? _____

Did your partner ever conceive with TSBC sperm? *Yes* *No*

What is your parenting arrangement: *Single* *Couple* *Other:* _____

We track **Sexual Orientation** for research purposes and in order to apply for specific grant funding.

How do you identify? *Lesbian* *Heterosexual* *Bisexual* *Other:* _____

Interested in purchasing sibling inventory? *Yes* *No* *Maybe*

- This question helps us determine how many vials to save. If vials are available, you can guarantee availability by purchasing them.

Thank you very much for your time!

Please return to:

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

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info@thespermbankofca.org