



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

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RECIPIENT INFORMATION

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

Today's date ____/____/____

Is this your first time registering? yes no

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 ____/____ Code# _____

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 _____

04/2010