



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

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Sperm Storage Client Information (CD/KD/DD)

Legal Name: _____ Birth date: ____/____/____
First M. Last (Pronoun)

Preferred Name (if different from above): _____ Check here to use preferred name for mail

Mailing Address: _____
Street City State Zip

*Do you want semen analysis reports mailed or emailed? _____. Please check here if you request that no mail be sent.

Phone ____/____/____ Email: _____

Person responsible for ongoing storage payments: Self / Client Client's Recipient Client's Authorized Representative

MasterCard/VISA/Discover# ____/____/____/____ Exp. Date: ____/____ Sec Code ____

Name on card: _____ Signature _____

Billing address (if different from above): _____
Street City State Zip

I authorize TSBC to use this card for current and future fees: _____
Signature

Reason for storing: Designated Recipient Cancer Gender affirming treatment future use Other: _____

What type of account are you opening? (Please check one)

Client Depositor: Depositing semen for storage and potential insemination of an intimate partner or spouse. State law requires that the client be tested for certain sexually transmitted diseases before the semen can release.

Name of partner/spouse: _____

Directed (private) Donor (6 month quarantine)

Known (private) Donor (Quarantine waived)

Depositing semen for storage and potential insemination of a recipient who is known to the donor but not necessarily the donor's intimate partner or spouse. State law requires that the donor be tested for certain sexually transmitted diseases and be screened to determine their suitability as a donor before the samples can be released.

Name(s) of intended recipient(s): _____

Email of recipient: _____ Phone: _____

Address: _____

Please note required authorization to release information: If you wish to release verbal or written results of your semen analysis, test thaw, health history, risk assessment, genetic testing, and tests for sexually transmitted diseases to yourself or anyone else, **you must sign an authorization to release copy of medical records. To release results of your HIV test, you must sign a specific consent for each separate release of HIV results.**