

REQUEST TO RELEASE CD DD KD SEMEN SAMPLES

Please place your order by phone and submit this form as a written confirmation.

Name of Client / Directed / Known Donor

TSBC Account Number

Contact Phone Number

Date(s) of ejaculate you are retrieving:

CHECK ONE:

Ship Pick Up

Date you would like pick-up/receive vials:

CHECK ONE:

Tank Dry Ice

Name of Recipient or Authorized Representative:

If Shipping: Address

City

State

Zip Code

1. Donor Account #

6. Your planned location for insemination - *Check all that apply:*

home clinic other:

2. How MANY vials are you retrieving? (please write in a number)

of unwashed vials: ____ 1cc unwashed vials

7. Are you using fertility drugs for this cycle attempt?

no yes. If yes, please specify:

of washed vials: ____ .5cc washed vials (washed, IUI-ready vials are always .5cc in volume)

8. Of the vials in this order, how many, if any, do you plan to store for future use at **YOUR DOCTOR'S CLINIC**, and **NOT** at TSBC? (e.g., for next month's cycle or later)?

none one two other: _____

3. Requesting Ejaculate Date(s): _____

4. How MANY inseminations do you plan to do this cycle?

one two other: _____

5. Your planned method of insemination - *Check all that apply:* vaginal intrauterine (IUI) other: _____

Please Read Each Paragraph, and Sign Below

I understand that The Sperm Bank of California (hereinafter "TSBC") can not guarantee that viable pregnancy will occur as a result of insemination with these samples. I understand that thawed frozen sperm will not survive as long as fresh sperm, and that inseminations should be timed to take place as close to ovulation as possible.

I understand that TSBC is not responsible for any damage to the semen samples that may occur during the transfer, transport, or shipping process, or due to subsequent storage at another facility. I understand that any samples shipped or picked up on dry ice should be used within 24 hours of receipt and any samples shipped or picked up in a liquid nitrogen vapor tank should be used within 7 days of receipt. I understand that I am fully responsible for the liquid nitrogen vapor tank from the time it is delivered to me until it is returned to TSBC, and that if the tank is returned to TSBC late or in damaged condition, I will be held financially responsible.

I understand that according to California Health and Safety Code Section §1644.5, "No tissues shall be transferred into the body of another person by means of transplantation, unless the donor of the tissues has been screened and found nonreactive by laboratory tests for evidence of infection with HIV, viral agents of hepatitis (HBV and HCV), human T lymphotropic virus-I (HTLV-I) and syphilis."

I understand that, although TSBC guarantees that the appropriate tests have been performed by its reference lab, laboratory tests are not 100% accurate, and TSBC can not guarantee the absence of any sexually transmitted diseases, inheritable illnesses, or inheritable birth defects resulting from insemination with these semen samples.

Signature of Recipient or Authorized Representative

Date

Request Filled and Checked

Date