

# Pregnancy Loss Report

We maintain records of all outcomes – births, miscarriages, stillbirths and therapeutic abortions. This helps maintain a donor's family limit, track health information for donors, recipients and children, and provide ongoing services to families, including alerts when medical issues arise. This report concerns a pregnancy loss with TSBC samples. If you are unsure about a question, leave it blank. We guarantee complete confidentiality. No identifying information is released. Thank you.

Recipient's full name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Your birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Partner's full name (if applicable): \_\_\_\_\_ Pronouns: \_\_\_\_\_

Is your partner a TSBC recipient (if applicable)? Yes No Has your partner conceived with TSBC sperm? Yes No

Has your address, email or phone changed? Yes No If yes, please include new details:

TSBC Donor #: \_\_\_\_\_ Miscarriage at: \_\_\_\_\_ # weeks Miscarriage #: \_\_\_\_\_

How many TSBC pregnancies have you had? (including this one) 1 2 3 4 5 6

# TSBC vials remaining at clinic/MD: 0 1 2 3 \_\_\_\_\_

# Embryos stored\*: \_\_\_\_\_

\*Planning to donate embryos? Please contact us to check donor family limit & provide new family with health alerts.

Pregnancy Details (circle all that apply):

Abnormal Fetus Position Bleeding Placenta Problem High Blood Pressure Gestational Diabetes

Pre-eclampsia Toxemia No Issues Other: \_\_\_\_\_

Did you have any Prenatal Screening +/-or Diagnostic Testing? No testing was done

Amniocentesis 18-20 week Ultrasound CVS (Chorionic villus sampling) Cell-free DNA blood test/NIPT (e.g. Harmony)

Serum screening/ Nuchal translucency (NT) Other: \_\_\_\_\_

Results of screening/testing? Normal Other: \_\_\_\_\_

Would you like us to email you resources on pregnancy loss? Yes No

**If you did not complete an initial Pregnancy Report, please complete the following:**

# of TSBC cycles to conceive this pregnancy? \_\_\_\_\_ Type? Vaginal IUI IVF IVF-ICSI Surrogacy

# of TSBC vials used for this pregnancy: \_\_\_\_\_

If Vaginal/IUI – Insemination Dates: #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ #2: \_\_\_\_/\_\_\_\_/\_\_\_\_ #3: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location? Home Clinic/MD office Other: \_\_\_\_\_

If IVF or IVF/ICSI – Retrieval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Transfer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did you use: (Circle all that apply) Own eggs Partner's eggs Egg donation Fresh Stored/frozen embryos

# Embryos transferred: \_\_\_\_\_ Your age at retrieval: \_\_\_\_\_ Age of egg donor/partner at retrieval (if known/applicable): \_\_\_\_\_

INTERNAL USE ONLY

Recipient Account# \_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff: \_\_\_\_\_

- Sent Pregnancy Loss Resources
- Addressed Comments/Questions
- Changes to Address/Name added to GP
- Changes to Address/Name added to Recipient Chart

Data Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff: \_\_\_\_\_