



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 and state**)

Your Name _____ Birth Date _____/_____/_____
First Last (Pronoun) 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: _____ (Pronoun) _____

Email address: _____ OK to Email? yes no

Is partner a registered recipient? yes no Tel: _____ Messages OK? yes no

Your Relationship Status: Single Partnered Married Other _____

Sexual Identity: Lesbian/Gay Bi Pan Queer Heterosexual Other _____

Your Gender Identity: Please check all that apply: Cis Woman Trans Man
 Genderqueer(GQ)/Non-Binary Other _____

Gender Identity of Partner: N/A Please check all that apply: Cis Woman Trans Man
 GQ/Non-Binary Other _____

Your Ethnicity/Ancestry: Please check all that apply:
 African descent Asian descent Caribbean descent European descent Indigenous/Native American descent
 Jewish descent Latino descent Middle Eastern /Arab descent Pacific Island descent Other _____

Partner's Ethnicity/Ancestry: N/A Please check all that apply:
 African descent Asian descent Caribbean descent European descent Indigenous/Native American descent
 Jewish descent Latino descent Middle Eastern /Arab descent Pacific Island descent Other _____

What type of insemination(s) are you planning? Vaginal IUI IVF IVF/ICSI Other _____

How did you hear about TSBC? Friend Doctor Internet Book DSR Other _____

I authorize TSBC to charge my one time non-refundable \$100 registration fee to the credit card listed below.

MC/VISA/Discover # _____/_____/_____/_____ Exp. Date _____/_____/_____ Code# _____

Name on card _____ Signature _____

Office use only:

TSBC acct. # _____

Date entered _____/_____/_____

Initials _____