

TIPS FOR SCHEDULING SHIPMENTS/PICK-UPS

Prior to scheduling your shipment or pick-up:

- ◆ Confirm the shipping address and any shipping restrictions prior to calling to schedule your shipment.
- ◆ Call 510.841.1858 before your planned insemination to purchase vials, be sure to let us know the quantity and type of vials (Raw or IUI-ready) you would like to purchase. 99% of our inventory is washed (IUI-ready) vials but occasionally we may have raw/unwashed vials.
- ◆ We recommend scheduling your shipment or pick-up as far in advance as possible as tank availability can vary significantly week to week.
- ◆ Please make note of the donor number you have purchased as you will be asked to provide it each time you call.

Placing your order to ship or pick-up:

Call 510.841.1858 to schedule your shipment or pick-up with a healthworker, even if you have sent an email or left a message on our answering machine. ***Your order is not confirmed until you have spoken with a TSBC staff member.***

◆ Pick up orders:

- Call at least one day in advance to schedule a pick-up. We will do our best to accommodate same day pick-ups but this is never guaranteed.
- **Liquid Nitrogen Vapor Tank:** We will charge you a rental fee (\$25 a day) including the day you pick up and the day you drop off, no charge on days that we are closed. A tank will keep the samples frozen for **7 days**. Charges will be calculated once you return the tank.

Note: We are not able to guarantee the time samples will stay frozen in anything other than a TSBC liquid nitrogen tank.

◆ Shipments:

- We ask that you call at least 7 days before your desired **ship** date in order to schedule your shipping appointment.
- Two-day domestic shipping is \$225 and overnight domestic shipping is \$275. Call for international shipping costs.
- We do not recommend shipping more than 5 vials at a time. Please discuss with a staff member if wishing to ship more.
- There is a **\$100 same-day shipping setup fee** on all same day orders.
- There is a **\$75 cancellation fee** for orders cancelled on the day of shipment.
- All shipments are sent in a liquid nitrogen tank.

◆ The Shipping/Pick-up Confirmation Form is required for ALL orders:

- Send your Confirmation Form (SOF) *after* you schedule your shipment/pick-up to confirm your order details.
- Send your SOF by 10am the morning of shipment. We must receive a completed SOF by fax, email or mail **before** vials can leave the building.
- If you are picking up your order at our office you have the option of bringing the SOF with you or filling it out when you arrive. If someone other than the recipient is picking up, please bring or provide a recipient-signed SOF.
- **Each SOF must be signed by the recipient, the person who is inseminating.**

Packaging Information:

◆ Liquid nitrogen vapor tank:

- We guarantee our liquid nitrogen tanks will keep semen samples frozen for seven days after receipt. We recommend not leaving the tank in direct sunlight for any extended period of time.
- If you need to send your vial back to be restocked we ask that you send it by the 4th day to have the tank arrive back at our office within the 7 day tank guarantee window.
- Late fee: There is a **\$25 per day late fee** for tanks returned after their due date.

Insemination Information

Thank you for completing the section on our SOF about the method, location, and number of your insemination attempts. Thank you as well for including any information regarding fertility drugs you may be taking this cycle. The information you provide is completely confidential and is used to compile data detailing the most successful methods for achieving pregnancy through donor insemination.



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SHIPPING/PICK-UP ORDER CONFIRMATION FORM

INSTRUCTIONS:

1. Call 510-841-1858 to schedule a shipment/pick-up.
2. Fax or scan/email this form to confirm details **after** scheduling by phone.
Forms sent before scheduling your shipment/pick-up date WILL NOT schedule a shipment or pick-up.

Today's Date: ____/____/____

Recipient Name: _____ Recipient email: _____

Recipient Signature: _____ Recipient Date of Birth: ____/____/____

Name of Registered Medical Professional or Clinic: _____

1. Donor number: _____

2. How MANY vials are you retrieving?

Please write in #:

requested: _____ 1cc UNWASHED (Raw) vials

requested: _____ .5cc WASHED (IUI-ready) vials

3a. The vial(s) will be used for (Check all that apply):

- vaginal IUI IVF IVF/ICSI
 with partner's egg with egg donation

3b. If IVF or IVF/ICSI: When will embryo(s) be transferred?

- Immediately (in this cycle attempt)
 Stored for later use: When? _____

4. How many inseminations will you do this cycle?

- one two other: _____

5. Your planned location for insemination(s):

- home clinic other, please specify:

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

- no yes, please specify:

7. Of the vials in this retrieval, how many do you plan to store at YOUR CLINIC for future use? (e.g., next month's cycle)

- none one two other: _____

FOR SHIPMENTS ONLY:

Please make sure that the delivery address, phone number, and fax number are complete and LEGIBLE.

Please call us to schedule this shipment BEFORE sending this form. Forms sent before calling cannot be accommodated.

We must receive this form no later than 10 AM on the scheduled shipping date.

1. All shipments MUST first be scheduled with a TSBC staff member by phone.

2. Date your shipment is scheduled to arrive:

3. Are we delivering to your:

- Home Doctor's office
 Other, please specify:

6. Delivery name and address:

7. Delivery Phone #: _____

8. Delivery Fax #: _____

4. Can package be left at delivery address if no one is present to sign for it? (Only on home deliveries) no yes

5. Other delivery instructions (must first be given over phone to ensure availability): _____