



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

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MEDICAL PROFESSIONAL ANNUAL SIGNATURE FORM REQUIRED FOR THE PURCHASE OF SEMEN

(THIS FORM IS REQUIRED FOR REGISTRATION AND NEEDS TO BE UPDATED EVERY 12 MONTHS)

Today's Date: _____ _____ _____ <div style="display: flex; justify-content: space-around; font-size: small;"> month day year </div>
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Please check: <input type="checkbox"/> first time registration or <input type="checkbox"/> renewal
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I _____ certify that I am the Medical Professional for
 (Provider's Printed Name and Title)

Recipient _____
 (Recipient name)

1. I understand that my patient is purchasing sperm samples from THE SPERM BANK OF CALIFORNIA (TSBC) to be used for assisted reproduction.
2. If sperm samples are shipped* to my facility, I understand that I will take responsibility for the receipt, storage, and care of samples received from THE SPERM BANK OF CALIFORNIA.
3. If sperm samples are shipped* to my patient directly, I understand that my patient will take responsibility for the receipt, storage, and care of samples received from THE SPERM BANK OF CALIFORNIA.
4. I understand that THE SPERM BANK OF CALIFORNIA is not responsible for any damage to samples that may occur due to subsequent storage at another facility or my patient's home.
5. I understand that samples transported in liquid nitrogen vapor tanks should be used or stored cryogenically within seven days of receipt.
6. I understand that I will be asked to sign a new signature form for my patient every 12 months while they are a recipient with TSBC.

* Vials are shipped based on recipient instructions

Medical Professional's Signature: _____
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Medical Group or Clinic Name: _____

Street Address: _____

City, State, Zip _____ Phone: _____

ALL FIELDS REQUIRED