



Reproductive Technologies, Inc.

# THE SPERM BANK OF CALIFORNIA

2115 Milvia Street, Berkeley Ca 94704 Phone 510.841.1858 Fax: 510.841.0332 Email: staff@tsbca.org

## RECIPIENT INFORMATION (CD/DD/KD)

Please complete all the information on this form. The information you provide is confidential.

Today's date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Legal Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
first last (pronouns) mo day year

Preferred Name: \_\_\_\_\_

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

Email address: \_\_\_\_\_ OK to Email?  yes  no

**If applicable:** Spouse/Partner name: \_\_\_\_\_ (Pronoun) \_\_\_\_\_

Spouse/Partner is the storage client (CD)

Spouse/Partner is or may also be a recipient

Email address: \_\_\_\_\_ OK to Email?  yes  no

Ph: \_\_\_\_\_ Messages OK?  yes  no

### Your donor, if different from spouse/partner: (Please Circle One) **KD / DD:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ph: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Messages OK?  yes  no

**Relationship Status:**  Single  Partnered  Married  Other \_\_\_\_\_

**Sexual Identity:**  Lesbian/Gay  Bi  Pan  Queer  Heterosexual  Other \_\_\_\_\_

**Your Gender Identity:** Check all that apply:  Cis  Woman  Trans  Man  Genderqueer/non-binary

**Gender Identity of Partner:** Check all that apply:  Cis  Woman  Trans  Man  Genderqueer/non-binary

### Your Ethnicity/Ancestry: 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: (if applicable): 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 \_\_\_\_\_

Type of insemination(s) planned:  Vaginal  IUI  IVF  IVF w/partner egg  IVF w/egg donation

How did you hear about TSBC?  Friend  Doctor  Internet  Book  Other \_\_\_\_\_

Please provide credit card information below for future transactions and related fees.

MC/VISA/Discover # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Code# \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

TSBC acct. # \_\_\_\_\_

Date entered \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials \_\_\_\_\_