

TIPS FOR SCHEDULING SHIPMENTS/PICK-UPS

1. Steps to complete before scheduling your shipment or pick-up

- ◆ Purchase vials by calling 510.841.1858 before your planned insemination. Let us know the quantity and type of vials (IUI or ART) you would like to purchase. Most of our inventory is washed (IUI-ready) vials.
- ◆ Make note of the donor number you have purchased as you will be asked to provide it each time you call.
- ◆ Confirm the shipping address and any shipping restrictions with your clinic.
- ◆ We recommend scheduling your shipment or pick-up as far in advance as possible as tank availability can vary significantly week to week.

2. Call us to place your order

Call 510.841.1858 to schedule your shipment or pick-up with a healthworker, even if you have sent an email or left a voicemail message. **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 same day availability is not 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. Vials kept at home must be stored in the rented tank or the guarantee is voided.

◆ Shipments:

- We ask that you call at least 7 days before your desired **ship** date to schedule your shipment.
- Two-day domestic shipping is \$300 and overnight domestic shipping is \$350.
- Call us for international shipping prices and instructions.
- We do not recommend shipping more than 5 vials at a time. Please discuss this with a staff member.
- 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.

3. Confirm your order (Shipping/Pick-up Confirmation Form required for ALL orders)

- **Each SOF must be signed by the recipient, the person who is inseminating.**
- Send your Confirmation Form (SOF) **after** you schedule your shipment/pick-up to confirm your order details.
- Shipments: Email or fax your SOF by 10am the morning of shipment. We must receive a completed SOF **before** vials can leave the building.
- Pick-ups: The SOF can be emailed, faxed, or submitted in person and signed by the recipient. If anyone other than the recipient is picking up, please bring or provide a recipient-signed SOF.

4. Packaging Information/Guarantee

- We guarantee our liquid nitrogen tanks will keep semen samples frozen for **nine** days starting from the day of shipping. The guarantee is seven days for tanks picked up from our office.
- We recommend not leaving the tank in direct sunlight for an extended period.
- If you need to ship 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 tank guarantee window.
- Late fee: There is a **\$25 per day late fee** for tanks returned after their due date.

5. Insemination Information

The information you provide is completely confidential and is used to compile data detailing the most successful methods for achieving pregnancy through donor insemination. We appreciate you 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.



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

requested: _____ 1cc UNWASHED (Raw) 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): _____