

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

- ✓ Confirm with TSBC that vials have been approved for release from our Medical Director. Approval takes 3-4 weeks after STI testing.
- ✓ 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.
- ✓ ***We can help determine the appropriate ejaculate dates during the scheduling call.***

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 \$450 and overnight domestic shipping is \$500.
- 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 9am 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.



Reproductive Technologies, Inc.
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CD/KD/DD 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 result in a scheduled shipment or pick-up date.
If Recipient is not picking up, please bring a Recipient-signed copy of this form to the pick-up appointment.

Today's Date: ____/____/____

Name of Depositor/Donor: _____ Donor Date of Birth: ____/____/____

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

Recipient Signature: _____ Recipient Phone: _____

If picking up, Depositor or Authorized Representative Name and Signature:

Name Signature

1. Donor account number: _____
2. How MANY vials are you retrieving? (please write in #)
of unwashed vials: _____ 1cc UNWASHED (Raw) vials
of washed vials: _____ .5cc WASHED (IUI-ready) vials
3. Ejaculate Date(s)? _____
4. The vial(s) will be used for: *Check all that apply:*
 vaginal IUI IVF IVF/ICSI
 w/partner's egg w/egg donation

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 9 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: _____
4. Delivery name and address:

5. Delivery Phone #: _____
6. Can package be left at delivery address if no one is present to sign for it? (Only on home deliveries) no yes
7. Other delivery instructions (must first be given over phone to ensure availability): _____