



Pregnancy Reporting

Date of Report: _____

Client Name (Person who conceived) _____

Partner/Spouse or Co-Parent Name (if applicable): _____

Customer Date of Birth (MM/DD/YYYY) _____

Partner/Spouse or Co-Parent Date of Birth (MM/DD/YYYY) _____

Recipient's age at conception (or age of at transfer for IVF or ICSI): _____

Donor ID #: _____ Donor Alias: _____

Vial Type: IUI IUI ART IUI IVF/ICSI ICI ICI ART ICI IVF/ICSI

Was there a miscarriage? No Yes

Number of previous miscarriages using this Cryobank America donor: _____

Due Date? _____ (MM/DD/YYYY)

Number of vials used this cycle: _____ Number of inseminations this cycle: _____

Insemination Method: Intrauterine Insemination Vaginal Pool (including intracervical insemination)
 In-vitro Fertilization Intracytoplasmic Sperm Injection

Insemination Setting: At-Home Clinic/Physician-Assisted Other: _____

How was ovulation/LH surge determined? Ovulation Predictor Kit (OPK) Cervical Exam
 Blood Test Ultrasound Controlled Cycle (IVF, etc.) Mucus
 Fertility Monitor Basial Body Temp Other: _____

Fertility medicines, hormones, used? None Used HCG Clomid GonaIF
 Repronex Menopur Bravelle Other: _____

How were the vials delivered? Shipped (UPS/FedEx) Drop-Off (Free local delivery) Picked-Up

If you/someone picked-up, what method was used? Dry Shipper Tank Dry Ice

Number of inseminations including this cycle before this pregnancy: _____

Number of previous pregnancies using a Cryobank America donor: _____

Number of children born using a Cryobank America donor: _____

What is your parenting arrangement? Single Couple Other: _____



Additional Comments:

Update Contact Information? No Yes; please complete section below.

Home Address: _____ City: _____

State/Province/Region: _____ Zip: _____ Country: _____

Primary Phone: _____ Alternate Phone: _____

Primary Email: _____

Alternate Email: _____

Document must be mailed, faxed, or scanned and emailed to:

Cryobank America, LLC
Attn: Pregnancy Report
3050 S. Center St.
Suite 100
Arlington, TX 76014-2153

Fax: (817) 549 - 5179

Email: forms@cryobankamerica.com

Please keep a copy for your records!

FOR CRYOBANK AMERICA, LLC USE ONLY:

DATE RECEIVED: _____

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____