Vial Specimen Quality Report

Cryobank America constantly strives to set the new industry standards in all that we do. We believe everyone deserves the chance to start or grow their happy healthy families. In establishing these new standards, quality of our products and services are paramount, and we stand behind our products with both pride and poise. Our standard 0.5ml intrauterine insemination (IUI) vials are targeted for 25M/ml and our standard 1.0ml intracervical insemination (ICI) vials are targeted for 17M/ml. Due to sperm counting being a subjective process, Cryobank America targets the aforementioned values and a range of +/- 30% is promised. Due to variations in counting methods and specimen recovery, it is expected that your laboratory will find values within 30% of our target concentration. Therefore, IUI vials counts should contain at least 8.5 million motile sperm per vial and ICI vials counted should contain at least 12 million motile sperm cells per vial. Our vial quality guarantee only applies for standard IUI and ICI vials, if our thaw procedures are followed, and before any post-thaw processing is performed. If pregnancy or fertilization is achieved, the patient is not eligible for refund or credit, regardless of total motile count. As such, please do not return this form until a pregnancy test has been conducted and confirmed.

Date on Vial: _____ Date Vial Received: _____

Vial Donor ID #: _____ Date of Report: _____

Patient Date of Birth: _____ Date Thawed: _____

Patient Name: _____

Co-Parent Name (if applicable): _____

Physician Name: _____

Name of Person who evaluated the specimen: _____

Clinic Name: _____

Clinic Telephone: _____

Contact Email: _____

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

Shipper Condition: ☐ Charged (Frozen) ☐ Thawed (if thawed, contact Cryobank America immediately!)

Was the specimen mixed thoroughly prior to counting? (Mark One): ☐ No ☐ Yes

If yes, what method of mixing? ☐ Vortex ☐ Pipette ☐ Other: _____

Method used for semen count? ☐ CASA ☐ Makler ☐ Hemacytometer ☐ Leja ☐ Cell-Vue

☐ Microcell ☐ Spermocytometer ☐ Other: _____

Method for thawing? ☐ 7 minutes in 30-37ºC water bath ☐ 7 min in 37ºC heat block

☐ Incubator ☐ Other: _____

Was the specimen washed/processed before initial evaluation by your lab? ☐ No ☐ Yes

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Assisted reproduction type? ☐ Intrauterine Insemination ☐ Intracervical Insemination

☐ In-vitro Fertilization ☐ Intracytoplasmic Sperm Injection

Total Motile Count (TMC) Calculation

Post-thaw motility concentration: _____ M/ml (million cells per milliliter)

Total Sperm Count (TSC; motile + non-motile): _____ M/ml (million cells per milliliter)

Percent Motility: _____% Specimen Volume: _____ml (Standard IUI: 0.5ml; Standard ICI: 1.0ml)

Calculation: Total Count × Percent Motility × Specimen Volume = _____ M/vial (million cells per vial); TMC

Forward Progression: ☐ Excellent (4) ☐ Good (3) ☐ Fair (2) ☐ Poor (1)

Did the patient become pregnant through use of this vial? ☐ No ☐ Yes

Additional Comments:

_____

_____

_____

Attestation

I _____ hereby attest that the medical record entry for this quality report accurately reflects signatures / notations that I made in my capacity as _____ (DO, MD, NP, PA, etc.) when I treated the above listed Patient. I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and contains no falsified information.

_____ _____

Signature Date Signed

****

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

Cryobank America, LLC
Attn: Vial Quality 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!

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FOR CRYOBANK AMERICA, LLC USE ONLY:

DATE RECEIVED: _____ EMPLOYEE NAME: _____

Motile Count: _____ M/vial Motility: _____% TMC: _____ M/ml

Patient eligible for replacement? No Yes Comments: _____

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