

Donor Sperm Order Form

(Patient Ordering)

Email this form and order sperm before cycle day 4 of your menses to receive your specimen in a timely manner to avoid additional express shipping fees.

Return completed for via email: donorspermorder@mrivf.com

A new, signed order form is needed for each shipment

Patient first name: _____ Last name: _____

DOB: _____ SS# (required): _____

Anticipated date of menses for treatment month: _____

Date ordered _____ Date specimen to arrive _____

*****TFC WILL NOT ACCEPT A SPECIMEN WITHOUT THIS ORDER FORM. IT WILL BE SENT BACK THE SAME DAY TO THE SPERM BANK AND YOU WILL BE CHARGED ADDITIONAL SHIPPING.*****

Preferred sperm banks: [Fairfax Cryobank](#), [Seattle Sperm Bank](#), [California Cryobank](#), and [Xytex](#)

Only one donor will be used per insemination (we do not mix donor specimens)

Ordering Info	<i>NOTE: When available, order: Washed specimens for IUI (intrauterine insemination) and unwashed for IVF (in vitro fertilization).</i>
Donor ID#	
Sperm bank	
Number of vials being shipped	
Washed or unwashed?	
Donor race	
Donor eye color	
Donor hair color	
Donor height	
Donor blood type	

Female signature: _____ Date: _____

(If applicable) I give my partner _____, DOB: _____ permission to use this donor sperm which was ordered and will remain stored in my name, in attempt(s) to conceive. This permission will remain in effect until otherwise told to The Fertility Center staff, all of the specimens are used, or all of the specimens are destroyed.

THE FERTILITY CENTER OFFICE USE ONLY:

Patient lab work/TDI consents/counselor appt. current

Sperm Bank FDA registration current

Staff initials _____ Date _____