

**DONOR TRACKING REPORT**  
**INTERNATIONAL CRYOGENICS INCORPORATED**

189 TOWNSEND ST. BIRMINGHAM, MI 48009  
PHONE (248) 644-5822 FAX (248) 644-1497

**\*\*\*\*\*VERY IMPORTANT\*\*\*\*\***

PLEASE KEEP THIS FORM IN YOUR PATIENTS CHART. RECORD INFORMATION BELOW FOR EACH CYCLE THE PATIENT USES THE DONOR LISTED ON THIS FORM.

NAME OF PHYSICIAN  
OR FACILITY \_\_\_\_\_

DONOR CODE # \_\_\_\_\_ PATIENT ID \_\_\_\_\_  
(USE CHART # OR INITIALS ONLY)

WERE SPECIMENS WASHED BY I.C.I. \_\_\_\_\_  
WASHED AT YOUR FACILITY \_\_\_\_\_ UNWASHED \_\_\_\_\_

CYCLE DATE	# OF VIALS	# OF INSEMINATIONS	INSEMINATION METHOD		
			IUI	CERVICAL	OTHER
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DID CONCEPTION OCCUR WITH THIS DONOR? \_\_\_\_\_ IF YES DATE \_\_\_\_\_  
PATIENT CHANGED DONORS \_\_\_\_\_ PATIENT QUIT \_\_\_\_\_  
PLEASE INFORM INTERNATIONAL CRYOGENICS OF ANY MISCARRIAGES OR ABNORMAL OUTCOME OF PREGNANCY. PLEASE FAX OR MAIL THIS FORM TO INTERNATIONAL CRYOGENICS AS SOON AS POSSIBLE ONCE PREGNANCY OCCURS OR IF YOUR PATIENT DISCONTINUES USE OF THIS DONOR.