

DONOR TRACKING REPORT
INTERNATIONAL CRYOGENICS INCORPORATED

189 TOWNSEND ST. BIRMINGHAM, MI 48009
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*******VERY IMPORTANT*******

TO INSURE THAT WE ARE ABLE TO ACCURATELY MONITOR THE NUMBER OF PREGNANCIES ON EACH OF OUR DONORS IT IS IMPORTANT THAT ALL PREGNANCIES BE REPORTED TO US AS SOON AS POSSIBLE. TRACKING FORMS ARE SENT TO THE PHYSICIAN WITH THE SPECIMENS.

NAME OF PHYSICIAN OR FACILITY _____

DONOR CODE # _____ PATIENT ID _____
(USE PATIENTS INITIALS)

WERE SPECIMENS WASHED BY I.C.I _____

WASHED AT YOUR FACILITY _____ UNWASHED _____

OF CYCLES _____

OF INSEMINATIONS PER CYCLE _____

OF VIALS _____

METHOD IUI _____ CERVICAL _____ IVF _____

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 COMPLETE THIS FORM AS SOON AS POSSIBLE ONCE PREGNANCY OCCURS OF IF THE PATIENT DISCONTINUES USE OF THIS DONOR.