



Birth Report Form

We would like to offer our congratulations on the birth of your child! We understand that the last few months have been a long and emotional journey for you and your partner (if applicable), and we wish you all the best as you start or expand your family. As your child was born with the assistance of a Cascade Cryobank donor, we require you to register your child's birth with Cascade Cryobank, LLC in compliance with our Donor Sperm Recipient Agreement. Please fill out the enclosed form in its entirety and send it back to Cascade Cryobank. All the information you provide will be kept strictly confidential. If you have more than one child from this birth, please fill out a separate form for each child.

Parent(s) Information:

Recipient Name (Person who conceived): _____

Recipient Date of Birth (mm/dd/yyyy): _____

Date Signed: _____

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

Partner/Spouse/Co-Parent Date of Birth (mm/dd/yyyy): _____

Date Signed: _____

Child's Information:

Child Name: _____

Child Date of Birth (mm/dd/yyyy): _____

Child Sex at Birth: _____

Physician's Information (who performed or directed the insemination/embryo transfer):

Physician's Name: _____

Phone Number: _____



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Clinic Name: _____

Clinic Address (Include City, State, Zip, and Country if not U.S.):

Other Information:

Donor ID #: _____ Transaction ID # (from original order): _____

Vial Type (circle one)

IUI

IUI ART

ICI

ICI ART

IVF/ICSI

Date of Insemination/Embryo Transfer which resulted in this birth: _____

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: _____

This document must be mailed or emailed to:

4210 198th St SW, Ste 100

Lynnwood, Washington 98036



CASCADE CRYOBANK

Email: **info@CascadeCryobank.com**

Please keep a copy for your records.

For Cascade Cryobank Use Only:

DATE RECEIVED: _____

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____