



CASCADE CRYOBANK

Pregnancy Report Form

Date of Report: _____

Recipient Name (Person who conceived): _____

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

Recipient age at conception (or age of at transfer for IVF or ICSI): _____

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

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

Donor ID #: _____

Vial Type (circle one)

IUI

IUI ART

ICI

ICI ART

IVF/ICSI

Was there a miscarriage (Yes or no)? _____

Number of previous miscarriages with this donor: _____

Due Date (mm/dd/yyyy)? _____

Number of vials used this cycle: _____

Number of inseminations this cycle: _____

Insemination Method (circle one):

Intrauterine Insemination

Intracervical Insemination

Intracytoplasmic Sperm Injection

In-vitro Fertilization

Insemination Setting: _____

How was ovulation/LH surge determined?



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Ovulation Predictor Kit (OPK) Cervical Exam Blood Test Ultrasound
Controlled Cycle (IVF, etc.) Mucus Fertility Monitor Basial Body Temp

Other: _____

Did you use any fertility medicines or hormones?

None HCG Clomid GonaIF Repronex Menopur Bravelle

Other: _____

How were the vials delivered?

Shipped (UPS/FedEx) Drop-Off (Free local delivery) Picked-Up

If you/someone picked-up, what method was used?

Dry Shipper Tank Dry Ice

Number of inseminations including this cycle before this pregnancy: _____

Number of previous pregnancies using a Cascade Cryobank donor: _____

Number of children born using a Cascade Cryobank donor: _____

What is your parenting arrangement?

Single Couple Other: _____

Additional Comments:



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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

Email: **info@CascadeCryobank.com**

Please keep a copy for your records.

For Cascade Cryobank Use Only:

DATE RECEIVED: _____

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____