

DONOR TRACKING REPORT
INTERNATIONAL CRYOGENICS INCORPORATED

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*******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 Name _____

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 MISCARRIAGE OR ABNORMAL OUTCOME OF PREGNANCY. PLEASE FAX OR MAIL THIS FORM TO INTERNATIONAL CRYOGENICS AS SOON AS POSSIBLE ONCE PREGNANCY OCCURS OF IF YOUR PATIENT DISCONTINUES USE OF THIS DONOR.