SPECIMEN QUALITY REPORT SEATTLE SPERM BANK, LLC

Date Reported:	Donor #:	Donation Date:
Client Name:	Clini	c Name:
Product type: IUI 🗖 ICI 🗖	IUI-ART 🗖	ICI-ART □
Date Specimen Received: Thawed*	Condition	on of Shipper: Charged (frozen) B immediately)
Date Specimen Thawed:	Thawing m	ethod: Room temp. a 37°C Bath
37°C Heat-block □ 37°C Incub	ator 🗖 Other:	
Thawed For How Long?	_	
INITIAL EVALUTION: PRIOR TO	O ANY PROCESSIN	IG PERFORMED BY YOUR LAB
Was specimen mixed prior to count	? Vortexed □ N	Manually □ Pipette □
Not mixed □ Other		
Method used to obtain sperm count	? CASA □ Hem	acytometer □ Makler □ Cell-Vue □
MicroCell □ Leja □ Sper	mocytometer	Other
TOTAL MOTILE COUNT CALCU	LATIONS:	
1) Post-thaw Motile cell conc	_M/ml 2) To	tal Counts (motile + non motile)M/r
3) Percent motility%	4) Sp	ecimen volume ml
5) <u>Calculation:</u> Total Counts (2) x	% motility (3) x	Specimen volume (4) =
	To	tal Motile Countmillion per vial
Forward Progression: Excellent	Good □ Fair □	Poor □ <u>or</u> 4 □ 3 □ 2 □ 1 □
Was the specimen washed/proces	ssed before initial ev	valuation by your lab? Yes □ No □
Was the unit used for insemination	on? Yes □ No [
Type of assisted reproduction:	IUI 🗆 ICI 🗆	IVF □ ICSI □
Is the patient pregnant? Yes ☐ Comments:		
I attest to the accuracy of the above		
Signature	Printed name	Tel. or Email

Email this form to info@seattlespermbank.com or FAX to (206) 466 - 4696. For additional information or questions call (206) 588-1484 or visit www.seattlespermbank.com. Our guarantee applies only if our thaw procedures are followed and applies to specimen at the time of thaw, prior to any post-thaw processing. Counting between laboratories can vary by as much as 20-30%. Our final decision will take this analytical variation into account for determining if the specimen is eligible for credit.