

SPECIMEN QUALITY REPORT

SEATTLE SPERM BANK, LLC

Here at Seattle Sperm Bank, quality is one of our top priorities and a constant endeavor. We truly stand behind our products with pride and confidence. Please note that our ART units contain less motile sperm than our regular vial guarantees, and do not qualify for replacements. In addition, please note that 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 predictably vary by as much as 25% due to differences in counting procedures. As such, IUI vials counted with at least 7.5 million motile sperm per vial and ICI vials counted at 11.25 million motile sperm per vial are considered within an acceptable range of our target motile sperm count and do not qualify for a replacement. Please note that our final decision will also take pregnancy test results into account.

Date Reported: _____ Donor # / Name: _____ Donation Date: _____

Client Name: _____ Clinic Name: _____
Product type: IUI ICI IUI-ART ICI-ART
Date Specimen Received: _____ Condition of Shipper: Charged (frozen) Thawed*
(*If specimen arrived thawed, contact SSB immediately)
Date Specimen Thawed: _____ Thawing method: _____ Thaw Time: _____

INITIAL EVALUTION: PRIOR TO ANY PROCESSING PERFORMED BY YOUR LAB

Was specimen mixed prior to count? Yes No Method _____

Method used to obtain sperm count (e.g. Makler, CASA)? _____

TOTAL MOTILE COUNT CALCULATIONS (N/A if not applicable):

- 1) Post-thaw Motile cell conc. _____ M/ml 2) Total Counts (motile + non motile) _____ M/ml
3) Percent motility _____ % 4) Specimen volume _____ ml **

(**Please note that we aliquot 0.5 mL in IUI units and 1.0 mL in ICI units using calibrated pipettes. Some of the specimen will always stick to the inside of the vial/lid, making the volume appear lower.)

Calculation: Total Counts (2) x % motility (3) x Specimen volume (4) = million/vial

Forward Progression: Excellent Good Fair Poor or 4 3 2 1

Was the specimen washed/processed before initial evaluation by your lab? Yes No

Was the unit used for insemination? Yes No

Type of assisted reproduction: IUI ICI IVF ICSI

Is the patient pregnant? (please wait until pregnancy test before submitting this form) Yes No

Comments: _____

I attest to the accuracy of the above information:

Name

Telephone

Email

Seattle Sperm Bank Use Only:

SSB's Motile Count: _____ M/vial SSB's Motility: _____ % SSB's Total Count: _____ M/mL

Is this unit eligible for a replacement? Yes No

Notes: _____