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 EVALUATION:  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 **

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: