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. We understand that 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. Additionally, IUI-ART vials counted with at least 3.0 million motile sperm and ICI-ART vials counted at 3.75 million motile sperm per vial are considered within an acceptable range of our target motile sperm count and do not qualify for a replacement. 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. Please note that our final decision will also take pregnancy test results into account. Also, please note that any additional shipping and/or handling of the specimens that was not authorized by SSB will void any guarantees. Date Reported: Donor # / Name: Donation Date: 				
Client Name: Clinic Name: Product type: IUI I ICI IUI-ART ICI-ART ICI-A				
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 concM/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.)				
<u>Calculation:</u> Total Counts (2) x % motility (3) x Specimen volume (4) = million/vial				
Forward Progression: Excellent Good Fair Poor <u>or</u> 4 3 2 1				
Was the specimen washed/processed by <u>your</u> lab before Initial Evaluation? Yes \Box No \Box				
Was the unit used for insemination? Yes \Box No \Box				
Type of assisted reproduction: IUI \Box ICI \Box IVF \Box ICSI \Box				
Is the patient pregnant? (please wait until pregnancy test before submitting this form) Yes I No I 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 replace	ment? Yes 🗆 No 🗆		
Notes:			