

**ADVANCED FERTILITY SERVICES, P. C.
ANDROLOGY LABORATORY
DONOR SPERM SELECTION**

Confirmation No.: _____ Order Date: _____ Delivery Date: _____

Date: _____

Physician:

- Hugh D. Melnick, MD Vidya Palta, MD
 Edward C. Ditkoff, MD Other: _____

Patient (**Wife**): _____

Patient's Husband/Partner Name: _____

Daytime Telephone Number: _____

What type of sperm donor are you looking for? (Ethnic origin, hair color, eye color, etc.)

Racial Category: White Black Asian Mixed Race

Ethnic Origin: _____ (example: African, Mexican, English, Irish)

Skin Tone: Fair Medium Olive Dark

Hair Color: Black Brown Blond Dark Brown Red

Hair Texture: Straight Wavy Curly

Eye Color: Brown Hazel Black Blue Green

Height: _____ ' _____ " Weight: _____ lbs. Blood Type: _____

Color Code: _____ Semen Specimen Type: IUI ICI

Sperm Donor ID: _____ Quantity: _____ Date of Usage: ____/____/____

Final Sperm Donor Selection: (Patients please ensure that you know the cryobank and donor ID, on the day of your procedure you will be asked to confirm your selection. If you call the laboratory to check on your specimens you will be asked to provide this information.)

Cryobank: _____ Donor ID: _____

Patient Signature: _____ Date: _____

*****PLEASE BE ADVISED THAT PAYMENT IS REQUIRED PRIOR
TO ORDERING YOUR DONOR SPERM SPECIMEN*****