



BIOGENETICS[®] corporation

FDA registered • Licensed by New York State Department of Health • Licensed by New Jersey Department of Health (CLIA)
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CLIENT/RECIPIENT RECORD OF PREGNANCY ASSISTED REPRODUCTION OUTCOME From Donor Sperm

Client/Recipient satisfaction is the most important service that BioGenetics Corporation can offer.

The informational data generated through this recording format is an essential component of all the efforts that will help to provide you and other Clients/Recipients with quality assurance data by completing this form and returning it to us by mail or fax.

By completing and returning this form, you will help to fulfill vital record of the assisted reproductive procedure you had associated with your pregnancy as well as to allow BioGenetics Corporation a "Real Time Analysis" of reported pregnancies', as well as allow your Physician to minimize the possibility of a marriage to two related persons (consanguinity). **You are not required to reveal your identity when completing this form.**

*THE SUCCESS OF THIS PROGRAM DEPENDS ON YOU. YOUR DATA WILL MAKE A DIFFERENCE.
WHEN EACH PREGNANCY BECOMES A REALITY*

PREGNANCY OUTCOME

Your Name: _____ or Your Initials: _____
(Optional) Print Name

Your Doctor's Name or Medical Facility: _____

Address: _____ Phone Number: _____

Donor Number _____ Total number of vial(s) used _____

Total number of assisted reproduction cycles (months) _____ Ovulation medication used, if any _____

Type of assisted reproductive procedure _____

Pregnancy Achieved _____ Yes _____ No

Date of Conception _____ Date Due, if known _____ Sex of child, if known _____

Comments: _____

THANK YOU FROM THE STAFF AT BIOGENETICS CORPORATION