

PREGNANCY, BIRTH OR LOSS REPORT

NWC strongly encourages all clients to report every pregnancy, birth, or loss. This information allows NWC to provide clients with any future important medical updates on their donor. All information is kept strictly confidential. We appreciate your time in completing this form. If you have any questions, please call 1-509-232-0132. Thank you.

CLIENT INFORMATION

Client Name: _____ DOB: _____ Account number: _____
Phone number: _____ E-mail address: _____
Address: _____
Street City State Zip

PROCEDURE INFORMATION

Donor number: _____ Date of procedure (MM/DD/YYYY): ____/____/____
Type of procedure (please check): ICI IUI IVF ICSI other: _____
If IVF procedure, how many embryos are being stored? _____

PROCEDURE RESULTS

Pregnancy Expected delivery date (MM/DD/YYYY): ____/____/____
 singleton twins triplets other: _____

Loss Miscarriage Elective termination other: _____

Birth Date of birth (MM/DD/YYYY): ____/____/____ singleton twins triplets
 other: _____

Any medical problems to report with this pregnancy/loss/birth: No Yes, please describe:

To discuss the medical issues reported, please contact one of our genetic counselors at 1.877.743.6384 or GC@generate.com.

Are you interested in more information about the Cord Blood Advantage Program (Free Cord Blood and Cord Tissue processing / 1-year free cord blood storage)?

Yes No

Document must be emailed, faxed, or mailed to:

PLEASE KEEP A COPY FOR YOUR RECORDS

E-mail: **info@nwcryobank.com**

Fax: 1-509-232-0145

Address: NW Cryobank 201 W. North River Dr. Suite 110, Spokane, WA 99201

FOR NW CRYOBANK USE ONLY

Approve Deny

Signature: _____ Date: _____