

IVF CENTRE NAME: HFEA LICENSE NUMBER (if applicable):

RECIPIENT PATIENT'S NAME: DATE OF BIRTH: DD/MM/YYYY

RECIPIENT CLINIC NUMBER:

DONOR SPERM USED IN TREATMENT: CATALOGUE NUMBER/DONOR CODE:

TYPE OF TREATMENT:

- IUI DATE OF IUI : DD/MM/YYYY DATE OF IUI : DD/MM/YYYY DATE OF IUI : DD/MM/YYYY
- IVF / ICSI DATE OF EGG COLLECTION : DD/MM/YYYY FREEZE ALL CYCLE: # embryos frozen:
- EMBRYOS FROZEN AFTER FRESH ET:
- FROZEN EMBRYO REPLACEMENT CYCLE :
- DATE OF EGG COLLECTION : DD/MM/YYYY DATE OF FER : DD/MM/YYYY Remaining embryos :
- DATE OF EGG COLLECTION : DD/MM/YYYY DATE OF FER : DD/MM/YYYY Remaining embryos :
- DATE OF EGG COLLECTION : DD/MM/YYYY DATE OF FER : DD/MM/YYYY Remaining embryos :

REMAINING DONOR SPERM AMP(s) in storage:

REMAINING EMBRYO(s) in storage:

TREATMENT OUTCOME: POSITIVE / NEGATIVE / NO ET #GESTATIONAL SAC(s): #FH:

LIVE BIRTH OUTCOME : Male / Female DOB:


Please circle accordingly below to confirm whether any donor gametes or embryos been transported to another clinic:

NO YES : Please confirm clinic ID: _____ ; Sperm moved # _____ ; Embryos moved # _____ ; Date moved: _____

Name of Centre representative reporting this outcome: _____ Date: DD/MM/YYYY

- 1.] Please complete all sections, sign and date this form before returning it.
- 2.] Please inform of all outcomes (positive/negative/freeze all/FETs) when using donor sperm from LSB .
- 3.] Please email this form to London Sperm Bank at outcomes@londonspermbank.com or post it to 1 St Thomas Street, London SE1 9RY as soon as the treatment outcome is known. This will help us monitor the family slots of our donors as per their consent & in line with the HFEA CoP.

Thank you for your assistance.

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