

∞ CryoGam
♀ Colorado, LLC

Pregnancy and Live Birth Reporting Statement of Understanding

Patient's Name: _____

Physician's Name: _____

Please read the following statements of understanding regarding the purchase and use of donor sperm from CryoGam Colorado, LLC.

- I understand that per local regulations and laws CryoGam Colorado, LLC is required to limit use of a single donor's gametes to the twenty-five (25) families or fewer. It is CryoGam Colorado, LLC's policy to limit the use of a single donor's gametes to 20 live births total, or 8 within a geographical region.
- I understand that for CryoGam Colorado, LLC to maintain record of pregnancy that results in live birth from donor gametes requires patient reporting. This includes both reporting pregnancy (including both chemical and clinical pregnancy) as well as later follow-up once birth has occurred.
- I understand that I, the purchaser and recipient of donor sperm, am responsible for reporting both pregnancy and live birth to CryoGam Colorado, LLC. My physician is not responsible for reporting of pregnancy or live birth, but may help me complete the form as needed.
- I agree to being required to report **both a positive pregnancy test and live birth separately** to CryoGam Colorado, LLC in order for appropriate donor limit tracking.
- I understand that the Pregnancy Report form I am required to complete will be included in my donor order packet, is available on CryoGam Colorado, LLC's website, and is available to me upon request via phone or email.
- I understand that CryoGam Colorado, LLC has the right to follow-up on donor order purchases to determine status of any pregnancy or live birth which has resulted from the donor offspring and agree to respond within a timely manner.
- I understand and agree CryoGam Colorado, LLC will not be held liable if donor limits cannot be appropriately tracked and implemented due to lack of response from donor gamete recipients.

Please note: we understand and empathize with any trauma or sufferings that may accompany pregnancy complications and/or pregnancy loss. It is not our intent to intrude in personal matters, we simply are legally required to request information from recipients of donor gametes on live births. **We appreciate your understanding and compliance.**

I have read and understand all statements written in this Pregnancy and Live Birth Reporting Requirement Statement of Understanding and do hereby agree to abide by the terms.

Patient's Signature: _____

Date: _____

Received By: _____

CryoGam Employee

Date: _____

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