



PREGNANCY REPORT

It is vital that all pregnancies and live births be reported to CryoGam Colorado, LLC. This provides information necessary to monitor the effectiveness of our specimens and helps us track the number of live births. Please take the time to complete the information below when you know that your insemination resulted in pregnancy. **Thank you for your cooperation.**

Date of Pregnancy Test _____

Patient Name _____ Age _____

Physician Name _____

State _____

Donor ID Number _____

Method of Insemination (Circle One)

☐ IUI ☐ ICI ☐ IVF

Other _____

Fertility Drugs Used? Yes: _____ No: _____

Type of Drug Used _____

Number of Cycles to Achieve Pregnancy _____

Live birth? Yes (include DOB): _____ No: _____

Comments _____

