Fairfax Cryobank

Client Questionnaire			
Reason for Storing Semen	☐ Chemo/Radiation ☐ Cycle Backup ☐ Gender Affirming Hormone Therapy (GAHT) ☐ Testosterone Therapy or ☐ Other: _____ ☐ Military ☐ Surgery ☐ Vasectomy ☐ Other, please explain:		
Have you ever been diagnosed with any of the following?	Hepatitis B, C, Other ☐ YES ☐ NO HIV/AIDS ☐ YES ☐ NO	If YES, provide details:	
In the last 30 days, have you:	had an HIV/AIDS test?	☐ YES ☐ NO	If YES, provide details:
	had a blood transfusion?	☐ YES ☐ NO	
List medications and supplements you are currently taking (or write in "none"):			
Intended Use of Samples			
Used with a non-sexually intimate recipient? *For example, your friend or acquaintance would serve as an egg donor and carry the resulting baby.*	☐ YES ☐ NO ☐ UNSURE	**If yes to any questions listed to the left, you must discuss with the Cryobank, as additional testing may be required.** Staff Use Only: ☐ CD will continue with Enhanced Depositor testing. ☐ CD has declined Enhanced Depositor testing and is aware additional testing may be required in the future. Staff Initial/Date:	
Used with a gestational carrier? *A gestational carrier will carry a baby resulting from your sperm and your partner's or an egg donor's egg.*	☐ YES ☐ NO ☐ UNSURE		
If you have discussed fertility treatments with your physician, please indicate the preference for preparation method.	☐ Intra-uterine Insemination (IUI) ☐ Intracervical insemination (ICI) ☐ In vitro fertilization (IVF) ☐ ICSI (Intracytoplasmic Sperm Injection) ☐ Other (describe) _____ ☐ Have not discussed with a fertility treatment specialist or currently have no preference		

I certify that the information contained in this questionnaire, to be the best of my knowledge, is true and complete.

Name _____ Signature_____ Date _____

Account # _____