SPB-Kriterienbogen_ENG

Patient:_____**DOB.** _____

Full address: _____

Telephone/e-mail: _____

Name doctor / IVF: _____

Do you have a partner ?	☐ yes	☐ no
Your partner is	☐ male	☐ female

Filled in by the sperm bank

DATE: _____

DONOR NR: _____

DOCTOR §§20b,c: _____

KRITERIEN:					**PATIENT**	**PARTNER or Donor**	**DONOR** *Deviations indicated by SPB*
Eye color	1: blue	2: brown	3: grey	4: green	☐	☐	☐ ☐
Hair colour	1: blond	2: darkblond	3: brown	4: black	☐	☐	☐ ☐
Hair type	1: straight	2: curly			☐	☐	☐ ☐
Size (cm)	1: <170	2: 170-179	3: 180-189	4: >190	☐	☐	☐ ☐
Statue	1: pyknic	2: athletic	3: asthenic		☐	☐	☐ ☐
Blood group	1: A	2: B	3: AB	4: O	☐	☐	☐ ☐
Rhesus faktor	1: positive	2: negative			☐	☐	☐ ☐
Origin	1: caucasian	2: other _____			☐	☐	☐ ☐
CMV status	1: negative	2: IgG+/IgM-	3: IgG+/IgM+		☐	☐	☐ ☐

All donors show no abnormalities in their chromosomes and have been tested negatively for carrying mutations in the CFTR gen

Treatment method (please specify): _____intrauterine insemination (IUI) _____IVF _____ICSI

Numbers of straws per IUI : 2 NF straws / 1 RTU straw

Starws required for IVF cycle: 3-4 NF-straws for ICSI: 1-2 NF-straws

We hereby confirm the order of the material and the accuracy of the above information:

_____ _____

Signature Patient Signature Partner

The patient data collected here are exclusively processed internally and confidentially.
The general retention period for the data is 10 years (cf. § 10 para. 3 BO, § 630f para. 3 BGB).

Please send the completed form back via Email: info-spermbank_DE@tfp-fertility.com
or post to TFP Sperm Bank GmbH, Niederkasseler Lohweg 181-183 4, 40547 Düsseldorf.