

PLEASE FAX STATS BACK AFTER RECIPIENT PREGNANCY RESULTS

Fax Date: 7/28/2015 Fax: (415) 925-9410

To: STAFF RNs Fertility Clinic: MARIN FERTILITY CENTER

Ovum donor: Chelsea L.

Date of retrieval: 7/28/2015 Date cancelled _____

Number of Ova/Follicles 21

Mature _____
Immature _____

ICSI Performed

Yes: _____
No:

Number of embryos 12

Number to blast 7

Quality (cell # / grade) of embryos: _____
4 grade 1 Blastocyst, 3 grade 2 blastocyst

Date of transfer: 1 / 1 (freeze all)

Number transferred N/A
Number frozen 7

Pregnancy test results _____

Recommend as a repeat donor? Y N

Comments _____

Note to Clinic Staff/Doctor: Everything written on this page will be reviewed by recipients. If donor is not recommended, or if donor's stimulation was inadequate, please explain possible causes/reasons.

****Note to Recipients:** These are the results of a prior cycle for this donor. Many factors may influence the results (such as sperm quality and uterine abnormalities). These results are for your information in choosing a donor and in no way should be taken as a guarantee of similar results for future cycles. **

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 (415) 485 – 1969 Fax (415) 485 – 1113

PLEASE FAX STATS BACK AFTER RECIPIENT PREGNANCY RESULTS

Fax Date: / /

Fax: () -

To: STAFF RNs Fertility Clinic: Zouves Fertility Center

Ovum donor: Chelsea

Date of retrieval: 2 / 01 /2015

Date cancelled _____

Number of Ova/Follicles 14

Mature _____
 Immature _____

ICSI Performed
 Yes: _____
 No: _____

Number of embryos 8

Number to blast 4

Quality (cell # / grade) of embryos: _____

Date of transfer: 3 / 01 / 20215

Number transferred 1
 Number frozen 3

Pregnancy test results +

Recommend as a repeat donor? x Y N

Comments Reported by Donor

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