



# DONOR SELECTION FORM

To print this form, click on your browser's "PRINT" button OR download directly from our site.

**ALL fields must be complete for form to be processed.**

Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_

Spouse/Partner Name (if applicable): \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

To assist in donor selection, please list the following characteristics:

Partner		Patient
	Race	
	Ethnic Origin	
	Religion	
	Education	
	Hair Color	
	Eye Color	
	Height	
	Weight	
	Blood Type	
	Rh Factor	

**Other characteristics desired for donor selection:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Donor Choices (in order of preference):**

Choice #1: \_\_\_\_\_ Choice #2: \_\_\_\_\_ Choice #3: \_\_\_\_\_ Choice #4: \_\_\_\_\_

# of Frozen (IUI-Ready) Vials: \_\_\_\_\_

Please complete this form and either:

- **Fax:** 630-810-0490 Monday through Friday from 8:00 a.m. to 5:30 p.m. Central Time
- **Mail:** Midwest Sperm Bank 4333 Main Street, Downers Grove, IL 60515