



## PHOTO-ASSISTED DONOR SELECTION

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.**

We recommend that you begin by reviewing Midwest Sperm Bank's current Donor Catalog, as well as Donors' short and long profiles. You may submit up to six donor choices for comparison with the photograph(s) you have enclosed. Midwest Sperm Bank will consider only those donors listed by you and will determine which of the listed semen donors most closely correlate with the photo(s) you have provided. The patient's name and social security number must be printed on the back of each photo.

Confidentiality and anonymity of the donor/patient relationship will be strictly enforced.

### **PATIENT'S DONOR CHOICES TO BE CONSIDERED FOR PHOTO-ASSISTED DONOR SELECTION (up to six donors)**

# \_\_\_\_\_, # \_\_\_\_\_, # \_\_\_\_\_, # \_\_\_\_\_, # \_\_\_\_\_, # \_\_\_\_\_

The donor choices above will be ranked from one to six (one being the closest match), when considering physical features as shown in the photograph provided by you. Midwest Sperm Bank will return to you a written response indicating the results of our donor comparison. Please indicate below the preferred method by which Midwest Sperm Bank may forward to you our comparison results.

US Mail     FedEx overnight (*nominal charge*)     Fax # \_\_\_\_\_

If, FedEx delivery requested, indicate credit card payment:

CARD TYPE:  Visa     MasterCard     American Express     Discover

NAME ON THE CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXP. DATE (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

### **TERMS AND CONDITIONS**

Midwest Sperm Bank will consider only those donors you have selected for Photo-Assisted Donor Selection.

Selection of the indicated donors has been made based on your requirements of donor attributes.

Offspring conceived from using Midwest Sperm Bank's Semen Donors, chosen through Photo-Assisted Donor Selection, may exhibit characteristics including, but not limited to:

***Abnormalities/variation relating to appearance and/or features of the newborn including, without limitation, ethnic or racial variation, skin color, eye color, hair color, facial features and/or abnormalities related to these structures or to any other internal or external structure.***

Photographs will vary in coloration, hues, detail and perception. Midwest Sperm Bank cannot be responsible for variations in photo quality and clarity.

Photos submitted for review cannot be returned to the patient.

By signing, I (we) agree to all terms, conditions and statements described in this document.

Patient Name (*print*)

Spouse/Partner Name (*print*)

\_\_\_\_\_

\_\_\_\_\_

Patient Signature

Spouse/Partner Signature

\_\_\_\_\_

\_\_\_\_\_

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

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

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Physician Name (*Type or Print*): \_\_\_\_\_

Physician Address, Phone #: \_\_\_\_\_

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