



DATE EFFECTIVE: 01/15/12	Cryogenic Laboratories, Inc. Specimen Complaint Form	FORM: QAP.30e REV: N
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Must be completed by Physician's Office performing the procedure

Complaint #: Date Received: CLI Use Only
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Cryogenic Laboratories is committed to providing accurate quality control on every semen specimen we produce. We stand behind our products with the following specimen standards: Standard (ICI) specimen quality standard minimum of 18 million total motile cells (TMC) per vial, and Pre-washed (IUI) specimen quality standard minimum of 10 million TMC/vial. IVF specimen quality standard minimum of 5 million TMC/vial.

Our specimen quality standards for TMC are approximations due to variations in analytical methods and personnel among laboratories. We will take into consideration these variations between labs in determining if a specimen is eligible for a credit. Other terms of our specimen standard are: a) our thaw procedures, enclosed in each shipment, must be followed; b) specimen standards apply at the time of thaw and prior to any post thaw processing; c) specimens stored outside Cryogenic Laboratories longer than sixty days are not eligible for credits; d) complaints must be submitted within ten business days of thawing; e) shipping costs are not refunded unless specimens arrive thawed; f) no credits if a pregnancy is achieved with a specimen; and g) our liability for any deficiency in specimen quality is limited to supplying a replacement specimen or cash refund, at our discretion.

If the specimen(s) you received did not meet our quality standard, please fax form to 651-489-8989. Your claim will be evaluated to determine if it qualifies for a refund of the cost of the specimen, or a replacement of that specimen. **Claims cannot be considered unless this form is completed in its entirety. We may contact the under signed for verification of the information provided, please feel free to include the best time to reach the under signed. If you have any questions about completing this form, please call 800-466-2796.**

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

Invoice #:	Clinic Name:
Patient Name:	Physician Name:
Patient Account #:	Physician Account #:

Date Specimen rec'd:	Frozen upon arrival: <input type="checkbox"/> yes <input type="checkbox"/> no	Specimen Type: <input type="checkbox"/> ICI <input type="checkbox"/> IUI <input type="checkbox"/> IVF
Donor #:	Specimen Date and Vial #:	

Check here if specimen arrived thawed and stop completing form. Fax this form to the above fax number.

Thaw Date:

Thaw Procedure (check all that apply) Room Temp (____#mins)
 Other (describe): _____

Was the specimen mixed before analysis? yes no

If yes, how? inverted several times with a pipette Vortex Other _____

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Post Thaw Information (Complete one form for each vial.)

Use the formula below to calculate the total motile cells per vial after thaw prior to any additional processing (if applicable) performed at your clinic:

Total Conc _____ Million/ml	X	Total Motility _____ % / vial	X	Volume / vial _____ ml
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= Total Motile Cells _____ /vial

Counting Method: Hemocytometer Makler MicroCell Cell-Vu Standard count
 CASA (last date of calibration) _____
 Other (*describe*): _____

Motility Method: room temperature slide RT Makler ~37C slide
 37C Makler CASA (last date of calibration) _____
 estimated _____ counted _____
 Other (*describe*): _____

Patient was was not inseminated/had procedure performed following post thaw preparation of the specimen.

Patient is Pregnant? yes no too early to determine, Expected Pregnancy Test Date _____

Name of Staff Member who completed analysis above: _____

Physician Office Staff Member who completed complaint form and verified information above:

I verify that the above information is accurate and the information listed above is reported prior to washing/further processing (additional processing prior to counting will render the specimen ineligible for a refund).

Signature _____ Date _____ Best contact time _____

Printed Name _____ Contact Number: _____ Contact email: _____

Comments: If no additional comments, check this section is N/A

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