



DATE EFFECTIVE: 06/14/10	CLI Identity (ID) Option Birth Registration Form	FORM: ACQ.20aj REV: A.01
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Congratulations! We have recently received a pregnancy report from your order # _____. Since this pregnancy is resulting from an Identity (ID) Options donor, as per the agreement originally signed at time of order, you **MUST** register the birth of your child with Cryogenic Laboratories, Inc in order for him/her to receive Identifying Information at age 18. **Merely using semen from the ID Options donor does not allow access to the Identifying Information. To ensure that the Donor’s Identifying Information will be provided, you MUST complete the following information and return this registration form to Cryogenic Laboratories, Inc upon the birth of your child or up until they reach the age of 18. If you choose not to register your child, the donor will remain anonymous and your child will not be able to access identifying information once s/he reaches 18 or older.** The information provided below is confidential and will only be used when/if your child requests Identifying Information regarding the donor.

Parent information:

Printed Name (Both partners if applicable)

Partner Signatures

Date _____

Address _____

City, State, Zip _____

Ph# _____

Physician who performed or oversaw the insemination or embryo transfer procedure:

Name _____

Clinic Name: _____

Address _____

City, State, Zip _____

Ph# _____



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Date of insemination or fresh embryo transfer that resulted in this pregnancy _____

Were embryos created and frozen for a future pregnancy? Yes No

Was this pregnancy a result of transfer of previously frozen embryos? Yes No

If Yes, when were they created? (MM/YYYY) _____

Cryogenic Laboratories, Inc. Donor # _____

Offspring Information:

Name (s) _____

Date of Birth _____

Sex: [] Male [] Female

Social Security Number (s) _____

Return form to: Cryogenic Laboratories, Inc
Attn: Identity (ID) Option Program
3015 Williams Dr. Suite 110
Fairfax, VA 22031

Office use only:

Date form received _____

Order/donor verified _____

Physician confirmed _____