

SPERM DONOR INFORMATION



Sperm Donors Help Communities and Families

Couples who are unable to conceive, visit the Cryobank facility on a daily basis. Cryobank is constantly screening men between 18 and 30 years of age to become sperm donors.

Donating sperm is a way of participating in community building, and granting families the joy of having children. Every year children are born throughout the world as a result of artificial insemination. Many families are completed each year with the help of men who donate sperm.

Donor Anonymity and Remuneration

Donors are anonymous, and renounce all paternal rights. Their personal information is held as strictly confidential. The only information made available to recipients is the donor number, height, weight, eye colour, hair colour, skin complexion, hobbies, field of study and interests. Remuneration is provided to compensate for the donor's time and effort, and the amount is finalised during their first visit.

To Qualify as a Donor

In order to qualify as a donor, Cryobank needs a clean family history, and screens for congenital (inherited) diseases such as diabetes, cholesterol, epilepsy and others.

Cryobank Andrology Laboratory and Sperm Bank,
a division of Androcryos, CC 99/15553/23.
Member A.W. Loubser (PR.7550693).

Sperm Donation

If a sperm donor qualifies, the donor must abstain from sexual activities for three days prior to his visit, in other words, no ejaculation is to take place.

At Cryobank, AW Loubser or Peggy Birrell are available between 07h00 and 10h00 on working week days to process sperm donors.

Sperm Viability and Blood Tests

Upon arrival, the donor is processed and a sperm sample obtained. A full sperm viability analysis is done: count, culture, morphology and volume. If satisfactory, a blood sample is taken to test for sperm antibodies, HIV I and II, Hepatitis B surface antigen (HBs Ag), Hepatitis C (HCV-Ab), liver enzymes, glucose, cholesterol, triglyceride, urea, electrolytes, T pallidum (for syphilis), and gonorrhoea. A full blood count and chromosomal study is also completed. All tests are paid for by Cryobank.

Medical Examination and Sperm Quarantine

If all goes well, the donor is sent to General Practitioner (Dr Isabel Thompson) at Parklane Clinic for a full medical examination. If there are no problems, the donor is registered at Cryobank, and asked to give 30 specimens over a 30 week period. The HIV I & II, and Hepatitis A & B tests are then repeated, and the specimens kept in quarantine for six months. The donor is then asked to return to repeat these tests a third time. It is only at this point that the donor sperm is cleared for recipient use.

*A freezing and storage facility
for biological material*

www.cryobank.co.za
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Please complete our
Sperm Donor Questionnaire
Print & fax, or fill in on
computer & e-mail.

For more information,
visit our website.



SPERM DONOR QUESTIONNAIRE

DONOR REFERENCE NUMBER		IDENTITY NUMBER		YEAR OF BIRTH		AGE			
FULL FIRST NAMES				SURNAME					
POSTAL OR PHYSICAL ADDRESS				HOME TEL		WORK TEL			
E-MAIL									
MOBILE/CEL									
POSTAL CODE				ALTERNATE CONTACT PERSON NAME & NUMBER					
NATIONALITY			ETHNICITY/ HERITAGE			RACE		BLOOD GROUP	
WHERE DO YOU LIVE?				HOBBIES					
HEIGHT		WEIGHT		ARE YOU AT YOUR USUAL WEIGHT?		PHYSICAL BUILD		EYE COLOUR	
NATURAL HAIR COLOUR		HAIR TEXTURE		SKIN COMPLEXION		ANY OTHER DEFINING TRAITS?			
HAVE YOU DONATED SPERM BEFORE? IF SO, WHERE?					ARE YOU SEXUALLY ACTIVE?				
HOW MANY CHILDREN DO YOU HAVE?			WHAT ARE THEIR AGES?			WHAT IS YOUR OCCUPATION?			
DO YOU CONSIDER YOURSELF TO BE INTELLIGENT?				DO YOU CONSIDER YOURSELF TO BE EMOTIONALLY SENSITIVE?					

PLEASE NOTE

All information must be accurate and truthful. If you are unsure, and cannot confirm certain facts, please indicate as such. Each donor's personal information is strictly confidential. The only information made available to recipients is the donor number, height, weight, eye colour, hair colour, skin complexion, hobbies, field of study, and interests.

INSTRUCTIONS

- 1) open in Adobe Reader
- 2) fill in your data
- 3) SAVE the document
- 4) PRINT and SIGN a copy for Cryobank's records.
- 5) SEND the document to Cryobank via e-mail, fax, post, or delivery.
- 6) SUPPLY a colour passport photo of yourself

SPERM DONOR QUESTIONNAIRE



.....
| WHY DO YOU WANT TO BE A SPERM DONOR?
.....

*Where did you hear
about Cryobank?
(mark with an X)*

.....
| DO YOU HAVE A MATRIC?
.....

.....
| WHICH QUALIFICATIONS HAVE YOU ACHIEVED?
.....

.....
WORD OF MOUTH |
.....

.....
| WHICH QUALIFICATION ARE YOU CURRENTLY BUSY WITH?
.....

.....
| WHICH QUALIFICATIONS ARE YOU PLANNING TO ACQUIRE?
.....

.....
THE INTERNET |
.....

.....
| WHICH QUALIFICATIONS WOULD YOU LIKE TO ACHIEVE?
.....
.....

.....
A MAGAZINE ARTICLE |
.....

Please answer the following questions about your family history. The aim of these questions is to ascertain your genetic heritage.

.....
| ARE YOU ADOPTED? | DO YOU KNOW YOUR BIOLOGICAL PARENTS OR SIBLINGS?
.....

.....
AN ADVERT |
.....

.....
| FATHER: AGE?
.....

.....
| ALIVE?
.....

.....
| HEALTH?
.....

.....
| CAUSE OF DEATH?
.....

.....
FROM A FRIEND |
.....

.....
| MOTHER: AGE?
.....

.....
| ALIVE?
.....

.....
| HEALTH?
.....

.....
| CAUSE OF DEATH?
.....

.....
FROM A RELATIVE |
.....

.....
| SISTERS: AGE?
.....

.....
| ALIVE?
.....

.....
| HEALTH?
.....

.....
| CAUSE OF DEATH?
.....

.....
OTHER (SPECIFY) |
.....

.....
| BROTHERS: AGE?
.....

.....
| ALIVE?
.....

.....
| HEALTH?
.....

.....
| CAUSE OF DEATH?
.....

Please indicate that all the information you've supplied is truthful and correct.

.....
| A YES OR NO ANSWER IS REQUIRED.
.....

.....
| DATE (day/month/year)
.....

.....
| DONOR'S SIGNATURE (print & sign)
.....
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