



The 10 Step Therapeutic Donor Sperm (TDI) Process

- Step 1 – Provider Initial Consult**

The first step is to meet with a provider to review your medical and genetic history and any records from previous fertility evaluations. Your provider may perform a trial IUI, as well as develop a treatment plan. In general, the process takes approximately 2 months. The first month is testing and evaluation and the following month is the actual insemination treatment.

- Step 2 – TDI Coordination or Follow-up Appointment**

This is a consultation with a nurse practitioner, either Tamara Tobias or Lindsay Wood. The details of the TDI program will be discussed. ***Please note that the one time coordination fee of \$200 for anonymous donors will be collected at this appointment.**

- Step 3 – Consent Signing and Risks**

Patients who use donor sperm samples for their infertility treatment at SRM must sign consents related to the storage and use of donor sperm.

The chance of obstetrical complications, spontaneous abortion (miscarriage), and having a child with physical or mental defects is the same with TDI as with a pregnancy conceived after intercourse. Donors' family histories have been reviewed by medical geneticists to eliminate those with a higher than average risk of passing known major genetic defects to their offspring. This screening, however, in no way entirely eliminates all risk to the offspring of genetic defect(s).

Although extensive precautions have been taken to minimize the chance of infection, there remains some risk, although very slight, of contracting an infection from TDI. Included are such sexually transmitted infections as hepatitis, herpes, Chlamydia, gonorrhea, acquired immune deficiency syndrome (AIDS), and others. The use of frozen semen from an approved bank carries a theoretically minimal risk of transmitting infection since the frozen samples are held in quarantine while donors are re-tested for infection.

Step 4 – Psychosocial Education Appointment

There are many complex issues surrounding the use of donor sperm for both couples and single women. Our fertility counselors understand the complex and delicate nature of sperm donation as a means to starting a family. The appointment with our fertility counselors will enable you to discuss the unique legal, psychological, and social implications of using donor sperm. Please call 206-301-5000 to schedule an appointment at SRM's main office. This is SRM's policy per American Society of Reproductive Medicine's (ASRM) guidelines.

Step 5 – Screening Requirements

All potential TDI patients and partners are thoroughly evaluated before receiving donor insemination. The female TDI recipient should generally be of normal fertility potential. The US Food and Drug Administration (FDA) has implemented new mandatory regulations for patients utilizing donor sperm. The purpose of this regulation is to increase safety by minimizing any risk of transmission and spread of communicable diseases, as well as providing high quality care to the recipients of donated tissue.

Step 6 – Determining CMV Status

Cytomegalovirus (CMV) is a member of the very large family of viruses known as herpes. It is important to determine the CMV status of the recipient mother before selecting the donor sperm sample. Please contact Tiffany, TDI Coordinator to discuss lab results for donor selection. See enclosed CMV handout for additional information.

Step 7 – Sperm Bank Selection, Ordering and Shipment

It is the policy of SRM for all patients who are using donor sperm to utilize sperm banks which conform to ASRM, AATB, and FDA guidelines and regulations, are certified by CLIA, and registered with the FDA. SRM reserves the right to not permit utilization of a given bank. These sperm banks provide semen samples that have been frozen and quarantined for 6 months and then the donor is retested prior to releasing the sample, thereby reducing the risk of infectious disease transmission. Please review the enclosed list of SRM registered and contracted sperm banks.

A. Sperm Bank Account Set Up

- Complete the Semen Authorization for your selected bank (pre-authorized form signed by Tamara Tobias, ARNP)
- Set up an account with your selected bank

B. Ordering Your Specimen

- Purchase specimen from your selected sperm bank
- Complete SRM's Donated Sperm Acquisition form and fax to 206-301-5096 Attention, Lab Administrator.

Samples are ordered from the sperm bank by the patient. Many patients order 3-4 samples for more than one cycle at a time to save on shipping costs. Usually one sample is sufficient for one insemination. Occasionally, your provider may recommend using two samples per insemination. Donor sperm specimens may be stored at SRM for additional storage fees.

Donor semen samples used for TDI must be processed, or "washed", in order to separate the seminal plasma from the sperm. Washed (or IUI) samples are processed by the sperm bank and contain no semen. Unwashed samples, also called Intracervical Insemination (ICI) samples, contain semen and must be washed by our SRM Laboratory on the day of your insemination in order for placement into the uterus. ART samples are now being offered by some sperm banks. These samples have lower total motile sperm and may only be used with IVF (in-vitro fertilization). Unwashed IUI, ICI, or ART vials may be used with IVF.

C. Shipping Your Specimen to SRM, Seattle

You must contact the SRM laboratory (206-301-5000) or email seattlecryo@integramed.com to inform them of when your samples will be arriving. This is imperative so that someone will be available to receive your samples upon arrival. You will need to leave your name and telephone number so the lab can verify with you that the samples have arrived.

Samples need to arrive at the SRM Laboratory between 8:00am and 4:00pm Monday through Friday, excluding holidays. **There can be no weekend or holiday deliveries.**

***SRM will not receive or store frozen sperm without a signed consent** (Receipt of Cryopreserved Sperm, Testicular Tissue and/or Epididymal Aspirate From Another Institution).



Step 8 – Determining your Treatment Plan

In most cases, women will time their inseminations by using a home kit designed to predict ovulation. The kit detects the rapid rise of luteinizing hormone (LH) in the urine. This is known as the "LH surge". The LH surge occurs at the middle of the menstrual cycle and triggers ovulation. One insemination is performed each month a day after a LH surge is detected in the urine.

The insemination itself is a relatively simple procedure. It is done with the insertion of speculum much like a PAP smear and takes only a few minutes to perform. A very small insemination catheter is passed through the cervical opening into the uterus. The donor sperm sample is then delivered in a small volume directly into the uterine cavity. The woman rests in the clinic for 15-20 minutes after the insemination and then may resume normal activity. Risks of the procedure include mild cramping and rare potential for infection.

Step 9 – Pregnancy Test

If your period is delayed after an insemination cycle, you may perform a home pregnancy test. If it is positive, please call SRM to schedule a blood pregnancy test the following day. We usually repeat a blood level in 2-3 days to see if it is rising normally.

If so, we will recommend scheduling an obstetrical ultrasound to confirm a fetal heartbeat when you are about 7 weeks pregnant. Once everything looks positive, we send you back to your obstetrician or give you a referral. Please note that your OB/GYN provider will be informed that your conception was by donor sperm ONLY if you reveal this information yourself. However, if you request copies of your SRM record for an outside physician, references to the use of donor sperm may be contained in the SRM record.

Step 10 – Follow-Up

You should schedule a follow-up appointment with your TDI practitioner after 3 months of inseminations to review your cycles and discuss any needed changes. We ask that you notify us if pregnancy occurs or if you decide to discontinue treatment. It is vital that we learn the outcome of your insemination(s) so that we may assess the effectiveness of the TDI program. More importantly, we greatly appreciate the encouragement of knowing that TDI worked for you, or being able to support you if you do not become pregnant.

Success Rates

The success rate of TDI varies depending on patient age. In general, the TDI pregnancy rate is around 10% with each cycle. It is recommended that most patients undergo at least 3-6 TDI cycles to give the treatment an adequate opportunity to be successful, depending on your medical situation.