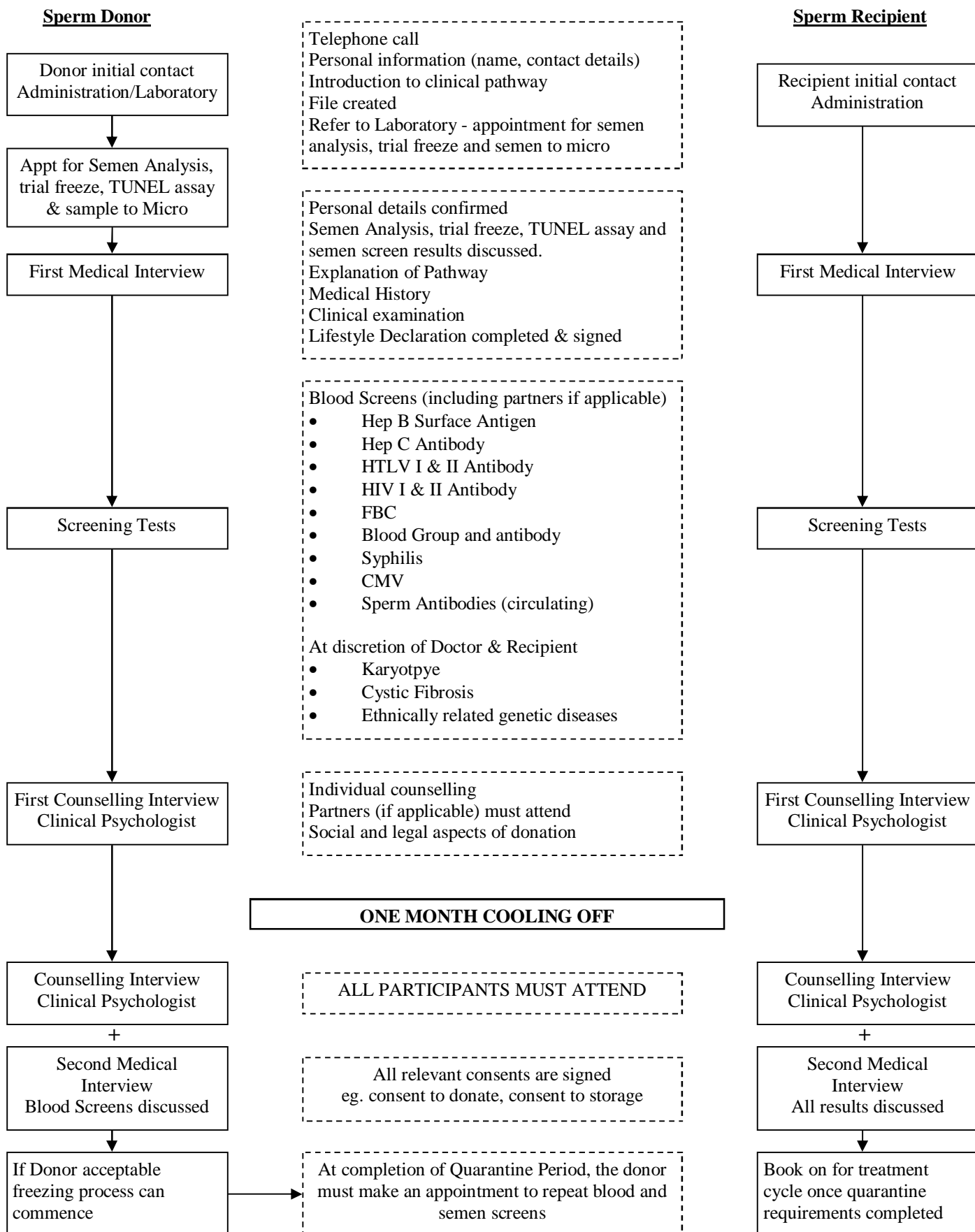




FERTILITY

Clinical Pathway for Sperm Donors/ Recipients of Known Sperm Donation



Date: _____ Signed Recipient: _____ Signed Medical Director: _____