



A.I.D. RECEIVING COUPLE

SCHEDULE C

(to be completed by the inseminator)

Patient Number: (NB: name should not be mentioned)

	HUSBAND/PARTNER	WIFE
Occupation		
Age		
Race		
Religion		
Height		
Weight		
Hair colour		
Hair style (curly, straight, etc.)		
Eye colour		
Complexion colour		
Cause of infertility		
Blood-group: ABO		
Blood-group: Rhesus		
Genetic abnormalities, e.g. Tay- Sachs or Thalassaemia (wife)		

Signed (the inseminator): Date

Date	IF	Vag	CX	IU	Sem. No	Pregnant	V	T	M	VP	M