androcryos
andrology lab sperm bank
*freezing the future*

Private Sperm Bank of South Africa

# LIVE BIRTH BY DONOR NOTIFICATION

**Name of Hospital/Clinic**

From: .....

Tel No: ..... Fax No: .....

Cell No: ..... E-mail: .....

This notice serves to confirm that I, Dr .....

Practice No. ..... have witnessed the live birth of a

baby BOY / GIRL born to Ms .....

ID No. ..... on (Date) .....

of which I am significantly sure was conceived by gametes from your

donor no. .....

.....

Signature of reporting physician/gynaecologist/obstetrician

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