

## WHO ARE WE?

Fertility Center of California  
Family Fertility CryoBank

Dr. Bastuba has been helping build families throughout Southern California while preserving precious reproductive tissue since 1993. **Fertility Center of California** is a fertility clinic, sperm processing facility, and sperm donor bank. **Family Fertility CryoBank** is a reproductive materials storage facility. Together, we help patients meet their future reproductive needs.

Our mission is to educate patients and provide them the resources needed to allow all patients to preserve their fertility in preparation for all life's situations.

(888) 951-CRYO

[www.fertilityctr.com](http://www.fertilityctr.com)

[www.familyfertilitycryobank.com](http://www.familyfertilitycryobank.com)



SAN DIEGO, CA | TUSTIN, CA

# FERTILITY PRESERVATION

-AND-

# TRANSITIONING

## WHO SHOULD CRYOPRESERVE?

Anyone that wants to ensure his/her ability to have genetic offspring in the future.

## WHEN SHOULD YOU CRYOPRESERVE?

Prior to any consideration of hormone therapy or gender reassignment surgery. Testosterone and estrogen are pivotal in sperm and egg production. It is important that fertility preservation is completed prior to altering the sex hormone ranges.

## TRANSITIONING MTF (MALE TO FEMALE)

If you are biologically male, the Fertility Center of California is capable of assisting in your fertility preservation because it is a CLIA certified, CDPH compliant, and FDA registered sperm processing facility.

## TRANSITIONING FTM (FEMALE TO MALE)

If you are biologically female, Family Fertility CryoBank (FFCB) can store your cryopreserved eggs. You will need to work with an IVF center to retrieve and cryopreserve the eggs first. FFCB works with all IVF centers in Southern California.



## What is the difference between a Sexually Intimate Partner and a Directed Donor?

### Sexually Intimate Partner (SIP)

Frozen sperm that will be used with a female in which the patient is sexually active. This would apply to those transitioning MTF that will have a female partner. In this situation, the patient may undergo normal cryopreservation protocol. This means that only basic infectious disease testing is required.

### Directed Donor

Frozen sperm that has the potential to be used in a female in which the patient is NOT sexually active (e.g. surrogate), must follow the Directed Donor protocol, according to the Food and Drug Administration (FDA). This would apply to those transitioning MTF that will have a male partner. This protocol is different from the SIP protocol because additional infectious disease testing, physical exams, and questionnaires will need to be performed within a very specific time frame around sperm collection and cryopreservation. This protocol needs to be established prior to the collection of any sperm or the tissue cannot be used in for this purpose.

## QUESTIONS?

Please feel free to call the office directly at (888) 951-CRYO and ask to speak with a lab member

# FEE STRUCTURE



Call to schedule your appointment,  
(888) 951-CRYO



Meet with your coordinator to  
create a preservation plan specific  
to your needs



Collect and cryopreserve your  
reproductive materials



Peace of mind that you have insured  
your fertility!

## SEXUALLY INTIMATE PARTNER

- \$805 initial package\*
- \$270 each additional cryopreservation

\*INCLUDES: California mandated infectious disease testing, one year of storage, initial analysis, test freeze vial preparation and subsequent thaw

## DIRECTED DONOR

- \$2,513 initial package\*
- \$270 each additional cryopreservation

\*INCLUDES: Directed donor consultation, FDA mandated infectious disease testing, FDA donor physical, administrative paperwork, one year storage, test freeze vial preparation and subsequent thaw

*Financing is available.  
Please ask your andrology  
coordinator for details.*



# THINGS TO CONSIDER

## Artificial Reproductive Techniques (ART)

There are three (3) types of Artificial Reproductive Techniques (ART). One (1) vial is used per ART cycle.

1) Home Insemination (intracervical insemination or ICI)

- ◆ About 8-10 attempts to achieve pregnancy on average
- ◆ Cost: <\$100 (vial pick-up fee and tank rental fee)

2) In-office Insemination (intrauterine insemination or IUI)

- ◆ About 4-6 attempts to achieve pregnancy on average
- ◆ Cost: <\$500, with ultrasound + \$400

3) In-Vitro Fertilization (IVF)

- ◆ About 2.1 cycles to achieve pregnancy
- ◆ Cost: \$6–80K
- ◆ Fresh cycle – \$15–25K
- ◆ Frozen cycle – additional \$5K
- ◆ Surrogate – up to \$80K
- ◆ Egg donor – up to \$30K

## Suggested Motile Sperm Count/vial

The amount of vials FCC can cryopreserve per sample is dependent on the amount of motile sperm produced by the patient.

**ICI** vial: requires 10 million and greater

**IUI** vial requires: 10 million and greater

**IVF** vial requires: 0.1-5 million

# WHAT TO EXPECT

## THE FIRST APPOINTMENT

The consultation will be with a qualified andrology coordinator who will be able to determine an appropriate protocol (SIP/ Directed Donor) and collection schedule based on the semen analysis. The coordinator will be able to help with any financial questions, future concerns, and questions regarding protocols or ART procedures.

## THE COLLECTION PROCESS

Many find the collection process daunting. Please do not worry! Collection rooms are equipped with a sound machine, TV, and materials. It is important to note that many lubricants are spermicidal so if a lubricant is needed, a sperm friendly one is available upon request.

