

The Sperm Bank of California
 2115 Milvia St., 2nd Fl. Berkeley CA 94704
 Phone (510) 841-1858 Fax (510) 841-0332

Requirements for Transfer to The Sperm Bank of California

of Donor # _____ **Originally Stored at** _____

Please indicate the results and date of all tests and assessments, and return this form to us signed by the sperm bank's medical director, tissue bank director, or other medical personnel.

| REQUIREMENT | FINDINGS/DATE COMPLETED |
|--|--------------------------------|
| personal and family health history | _____ |
| medical exam (from any time in year prior to donation) | _____ |
| bacterial testing (urine) | |
| chlamydia (urethral culture or urine) | _____ |
| gonorrhea culture (urethral culture or urine) | _____ |
| Initial panel of blood tests: | |
| blood type/Rh factor | _____ |
| HIV-1 and HIV-2 antibody | _____ |
| HTLV-1 and HTLV-2 antibody | _____ |
| Hepatitis B surface antigen | _____ |
| Hepatitis B core antibody | _____ |
| Hepatitis C antibody | _____ |
| syphilis | _____ |
| CMV (cytomegalovirus) antibody IgM, IgG | _____ |
| CMV urine (required if CMV IgG positive) | _____ |
| Tay Sachs (if donor is of Jewish, Cajun, or French Canadian descent) | _____ |
| Hemoglobin Electrophoresis (if donor is of African-American, Asian, Latino, Mediterranean, or Native American descent) | _____ |
| Cystic Fibrosis | _____ |
| Panel of blood tests 6 months after final sample donation (This panel enables the release of semen samples after a 6-month quarantine.) | |
| HIV-1 and HIV-2 antibody | _____ |
| HTLV-1 and HTLV-2 antibody | _____ |
| Hepatitis B surface antigen | _____ |
| Hepatitis B core antibody | _____ |
| Hepatitis C antibody | _____ |
| syphilis | _____ |
| CMV (cytomegalovirus) antibody IgM, IgG | _____ |
| CMV urine (required if CMV IgG positive) | _____ |

I, _____ certify that this donor completed the screening as described above. The semen from this donor intended for transfer to TSBC is suitable for donor insemination purposes.

Report Reviewed by _____ Date _____
(must be reviewed and signed by medical personnel)