

**Requirements for Vial Transfer to The Sperm Bank of California**

The below requirements cover a total of \_\_\_\_\_ .5cc / 1cc vials

**Ejac Date Range:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_

*If vials have not been quarantined, all Ejac Dates must be within 7 days of STD testing for FDA compliance*

Requirements	Date Completed	Status/Result
<b>Personal and family health history</b>		
<b>Medical Exam (from any time in year prior to donation)</b>		
<b>Initial Testing Panel</b>		
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		
Chlamydia (urethral culture or urine)		
Gonorrhea culture (urethral culture or urine)		
CMV (cytomegalovirus) antibody IgM, IgG		
CMV urine (required if CMV IgG positive)		
Cystic Fibrosis		
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)		
<b>6 Month Testing Panel (This panel enables the release of semen samples after a 6-month quarantine.)</b>		
HIV-1 and HIV-2 antibody		
HTLV-1 and HTLV-2 antibody		
Hepatitis B surface antigen		
Hepatitis B core antibody		
Hepatitis C antibody		
Syphilis		
Chlamydia (urethral culture or urine)		
Gonorrhea culture (urethral culture or urine)		
CMV (cytomegalovirus) antibody IgM, IgG		
CMV (required if CMV IgG positive)		

I, \_\_\_\_\_ certify that this donor completed the screening as described above, in compliance with FDA regulations. 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*

**Clinic/Bank** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_