



Reproductive Technologies, Inc.
THE SPERM BANK OF CALIFORNIA

2115 Milvia St., Suite 201, Berkeley, CA 94704 Thespermbankofca.org (510) 841-1858

Requirements for transfer of Directed/Known/Program donor sperm to TSBC

Please:

- complete all areas below including eligibility determination on page 2
- include copies of all forms and lab test results
- include list of all vials to be shipped with date collected & identifier (donor # or name as applicable)

of 0.5cc/1cc vials: _____ Collection Date Range: ___/___/_____ To ___/___/_____

If vials have not been quarantined, all collection dates must be within 7 days of STI testing.

Requirements	Date Completed	Result
Personal and family health history		
Medical Exam (within six (6) months of initial collection date)		
Initial Testing Panel		
Blood type/Rh factor		
HIV-1, HIV-2, HIV-O antibody		
HTLV-1 and HTLV-2 antibody		
Hepatitis B surface antigen		
Hepatitis B core antibody		
Hepatitis C antibody		
Syphilis/RPR		
Chlamydia (urethral culture or urine)		
Gonorrhea culture (urethral culture or urine)		
West Nile Virus		
CMV (cytomegalovirus) antibody IgM, IgG		
CMV urine (required if CMV IgG positive)		
6 Month Exit Testing Panel for quarantined vials		
HIV-1, HIV-2, HIV-O antibody		
HTLV-1 and HTLV-2 antibody		
Hepatitis B surface antigen		
Hepatitis B core antibody		
Hepatitis C antibody		
Syphilis/RPR		
Chlamydia (urine)		
Gonorrhea culture (urine)		
West Nile Virus		
CMV (cytomegalovirus) antibody IgM, IgG		
CMV (required if CMV IgG positive)		



Reproductive Technologies, Inc.
THE SPERM BANK OF CALIFORNIA

2115 Milvia St., Suite 201, Berkeley, CA 94704 Thespermbankofca.org (510) 841-1858

I, _____ (printed name), certify that

_____ (donor number or name as applicable), completed the screening as described above in compliance with FDA regulation 1271.

I further certify that (check one):

- the donor was determined FDA eligible by an authorized person at the clinic below
 the donor was determined FDA ineligible (directed/ known donors only) and the reason for the ineligibility was: _____

Title: _____

Signature: _____ Date: _____

Clinic/Bank: _____ Phone: _____

Address: _____

City: _____ State _____ Zip _____

For TSBC use

Notes: