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		
HIV/HBV/HCV NAT		
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		
HIV/HBV/HCV NAT		
Syphilis/RPR		
Chlamydia (urine)		
Gonorrhea culture (urine)		
West Nile Virus		
CMV (cytomegalovirus) antibody IgM, IgG		
CMV (required if CMV IgG positive)		

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I, _____ (printed name), certify that

_____ (donor number or name as appliable),

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_____

FDA Registration number: _____

For TSBC use
Notes: