

Request for Embryo, Oocyte and Sperm Information
(Please provide all records in English if possible)

Name of Sending Center _____ FDA Establishment Identifier (FEI) # _____

Telephone and E-mail Contact of Sending Center _____

Primary Patient Name and Identifier _____ Partner Name and Identifier _____

Female gamete source (patient name or oocyte donor ID): _____

- Exempt-No Eligibility Determination Required**-gametes are intended for autologous use and all infectious disease testing is non-reactive *or* cryopreservation was performed before May 25, 2005. **Include test results for the following: HepBsAg, HepC, HIV 1/2, RPR**
- Exempt/Reactive**-gametes are intended for autologous use, but are reactive for: _____
- FDA Eligible Donor**-meets all FDA testing/screening requirements (**SOR attached**)
- Ineligible Donor**-did not meet FDA testing/screening requirements for the following (**SOR attached**): _____

Male gamete source (partner name or sperm donor ID): _____

- Exempt-No Eligibility Determination Required**-gametes are intended for use with sexually intimate partner and all infectious disease testing is non-reactive *or* cryopreservation was done before May 25, 2005. **Include test results for the following: HepBsAg, HepC, HIV 1/2, HTLV I/II, RPR**
- Exempt/Reactive**-gametes are intended for use with sexually intimate partner, but are reactive for: _____
- FDA Eligible Donor**-meets all FDA testing/screening requirements (**SOR attached**)
- Ineligible Donor**-did not meet FDA testing/screening criteria for the following (**SOR attached**): _____

Number of specimens: _____ Number of containers _____ (straws/vials)
(circle one)

Material Frozen: Sperm/Oocytes/2PN embryo/Day 2 embryo/Day 3 embryo/Morula/Blastocyst (circle all applicable)

Freezing Method: Vitrification _____ Slow Freeze Other: _____ (circle one)
(Device/Solution Manufacturer) (Describe)

Please include the following:

- Cryopreservation and Thawing Protocols
- Cryopreservation Report including description of frozen material and date of cryopreservation
- Explanation of embryo/blastocyst grading system
- If either gamete source is a donor, eligibility determination and/or FDA donor testing and screening results (blood tests, history questionnaire, physical assessment) must be attached
- If oocyte source is the patient/intended parent, include blood test results for HepBsAg, HepC, HIV 1/2, RPR
- If sperm source is the patient/intended parent, include blood test results for HepBsAg, HepC, HIV 1/2, HTLV I/II, RPR

Laboratory representative completing form

Date